07256

L EXAMINER'S	CERTIFICA	TE OF	DEATH	Reg. [Dist. No		
MARYLAND	2. USUAL RESIDENCE (Where decease	d lived. If institu	tion: Resid	lence bel		ion)
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		R. D.	RURAL or	d give n	earest low	n)
pital, give street address)	d. STREET ADDRESS				W. C.	e. IS RES ON A YES Z	FARM?
Middle E	Abrams	4. DATE OF DEATH	Month 7		Doy 5	Ye.	-0
D NEVER MARRIED 8.	DATE OF BIRTH 11-1-1861		9. AGE (In years lost birthday) 96 yrs.	Months	Days Days	Haurs Haurs	24 HFS. Min.
arm Owner	Marylan 14. MOTHER'S MAIDEN	name			S.	A.	OUNIRY
SOCIAL SECURITY NO. 17. IN	Lucy (FORMANT Norris Al		Address	Eas	t. 1	id.	
Gangreen of	left low	er leg			INTER	YAL BETWEEN F AND DEATH	4
Severe Arter	iosclerosi	is go	eneral	******			
NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PAI		PERFOR	JTOPSY MED? NO [X
HOW INJURY OCCURRED. (En	ter noture of injury in Por	I or Part II	of item 18.)				,
NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, Fern ry, street, office bldg., etc	n, 20f. (City	or town)	(Co	uniy)		(Slote)
emoins described obov auses 3. Accident []. Suicide [],	Homicide	spection [2],				in my
TINOU	M.D. CHIEF MEDICAL E	AL EXAMINER					ичер
22c. NAME OF CEMETERY OR C	DEPUTY MEDICAL		ON (City, town, c	-	-6-5	(Stote)	

240. REC'D BY REGISTRAR

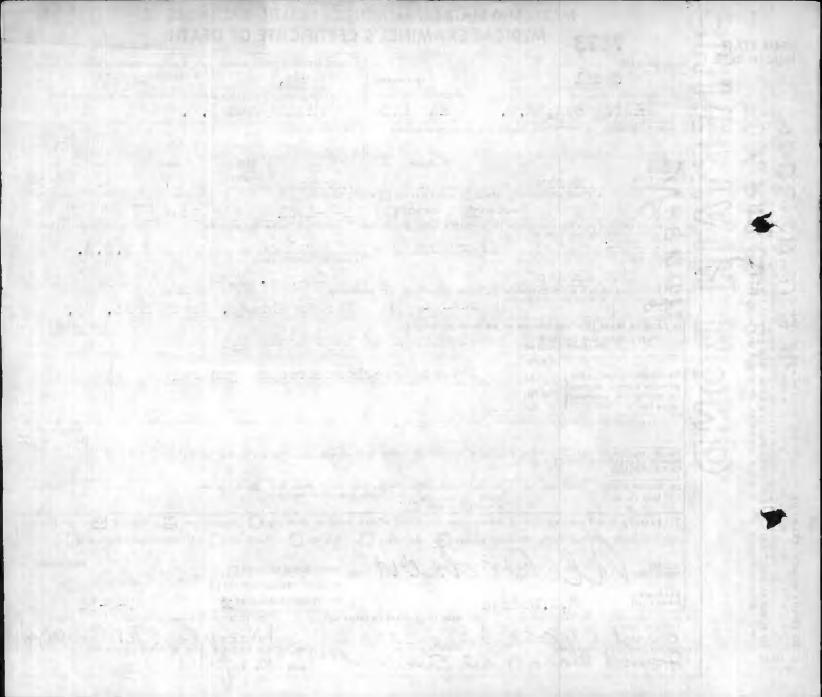
24b. REGISTRAR'S SIGNATURE

2 70 VS. ATSME BM 2/57

220. BURIAL, CREMATION, 226, DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07857MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY files. Health, Cecil MARYLAND Chester b. CITY OR TOWN Ilf aulside corporate limits, write PURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. r your and give nearest fown) North East, R.D. Passing Avendale Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Boor e funeral retained YES NO. 3. NAME OF Middle First 4. DATE Lost Month Year DECEASED (Type or print) Gect 3 DEATH Sidney Allen چ. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS IF UNDER TYEAR lost birthdayl Months Days Hours Alin. WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page 1 during most of working life, even if retired) Paper Mill Laborer North Carolina US A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ve P Ted Allen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wat or dates of service) ofang with Ted Allen Avendale R.D.L. Pa. DB 237-54-3926 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fractures of base od skull, neck and lewer jaw. IMMEDIATE CAUSE (0) "pending" in pencil in Ite dical Examiner's Office at se used as a burial-transit DUE TO Racerated right forearm and centused eies Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Crem NO. 4 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 2 ould b burial His car was hit by truck The Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) 0 factory, street, office bldg., etc.) 0 0 at work of work Gec17 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ___ Inquiry and in my

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

ROMOTE

23. FUNERAL DIRECTOR'S SIGNATUR

opinion death resulted from:

R.C.Dedson

he c should FUNERA 220. BURIAL, CREMATION, 226. DATE THEREOF 40

WS. A15MI 5M 2/57

certificate, w forwarded !

ASSISTANT MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINED

Suicide |

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)

7-12-58 (Stote)

DATE SIGNED

MaC.

Rock Czeek

Accident .

Notural couses |

West Jefferson Ash 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Homicide . Undetermined manner

						-201	
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7							230
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		23	3-11-3		A		
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		in the second	Loss setters	of distribute	Linches		
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			1.0				
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	dea norte	2260 (5-60)		Meetic logs	gand and	FV 5	result.

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	1312		CERTI	FICA	E OF DEAT	П		Reg. D	ist. No	. 9	0
1. PLACE OF DEATH o. COUNTY Ce	cil		MARY		o. STATE Delawa		lived. If institution b. COUNTY	on: Reside	ince befo	re admis	sion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside carpoi	rote limits, write R	URAL ond	give ne	grest fow	n) (
Perry Poin		nd	23 Days		Milfor	d	L,	16 X	.3		
d. NAME OF HOSPIT	AL (If nat in haspital,	give street	address)		d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
Veterans A	dministrat:	ion H	ospital		412 Cha	rles St	reet				NO 🔣
3. NAME OF DECEASED (Type or print)	PHIL		Middle A		Lost LNDOLORA	4. DATE OF DEATH	Mon	th 7	Do	4	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years				ER 24 HRS.
MALE	WHITE	WIDOW	ED DIVORCE		3-25-25		last-bisthdoy)	Months	Doys	Hours	Min
during most of world	ON (Give kind of work king life, even if retired	N I	elf Employ		Leroy, Ne	-	ountry)		SA	OF WHAT	T COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Louis Ando	lora				Lina Mes	sana					
15. WAS DECEASEDEVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		Spital Reco	rds,VA	Addi		it, M	ld.	•
PART I. DEA 330 X Conditions, if o gave rise to it couse (o), stating lying couse tost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (li mmediate the under-	He fo	ollowing suneurysm, co	subara irgery ongeni	tal, vessel	s of f	ourth ve	ntrio	le	Unk	hrs
CATIC					OT RELATED TO THE TER/			EN IN PA	RT I(o)	PERF	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. 015	CRIBE HOW INJURY O	CCURRED.	Enter noture of injury in	Port I or Port	II or item 18.]				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. I While of wor		20e. PLACI foctor	OF INJURY (Home, for y, street, affice bldg., e	m, 20f. (City lc.)	or tawn)		(County)		(State)
21. I certify th	all attended the	deceas	ed from 6-12		, 19 <u>58_</u> , ta	7-4-58	. 19	XIOUX	Takka	aoara	XXXXXX
ACTUAL SIGNATURE PHYSICIAN'S	xxxxxxxx Elizal	eth	Colls	death o	CCUrred at 8:00	A M, from ADDRESS (SICal, Pe	the causes of reet, city or town. rry Poin	ind on store)	the da	ite stat	ed above
220. BURIAL, CREMATIO REMOVAL (Specify)	7-4-58		22c NAME OF CIMI	- 20	ector Profe	22d. LOCAT	I DELATE ON (City, town, or Y. N.Y.			(Sto	te)
23. FUNERAL DIRECTOR		0	ADDRESS Havre I	e Gra	240. REG	D BY REGISTI	RAR 24b. REGIS	STRAR'S S	IGNATU	RE	

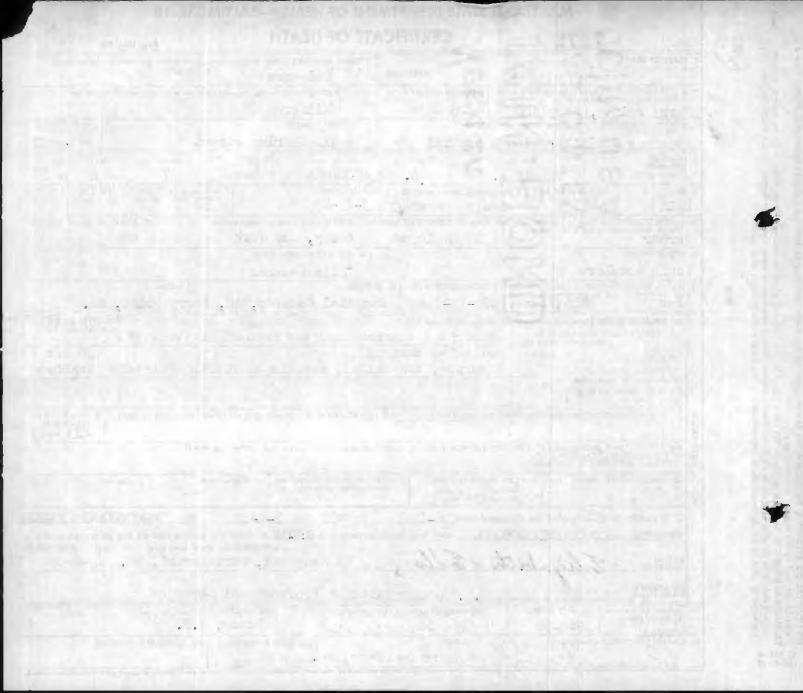
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comeletely filled in by the funeral director, page 3 should be detached Afters as the burial-transit permit. Then please remove carbon policy. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 bours after death. VS A15 (4) 15M 10/57

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07859

CERTIFICATE OF DEAT

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	7.9	50	0011111			•		Reg. Di	st. No.		
o. COUNTY	Cecil		MARYLA	- 11	USUAL RESIDENCE (Who state will .	ere deceased	l lived. If instituti b. COUNTY		Cil	re admissi	ion)
b. CITY OR TOWN (If or RURAL ond give neore	utside corporate limit est town) kton	s, write	c. LENGTH OF STAY IN	116	Elktor		rate limits, write R	URAL ond	give ned	rest fown)
d. NAME OF HOSPITAL OR INSTITUTION	143 E. I			1	d. STREET ADDRESS	igh S	T.			e. IS RES ON A YES	FARM?
B. NAME OF DECEASED (Type or print)	Carr:	ie	Middle A •		lost inson	4. DATE OF DEATH	July	ith	7		958
Fr.	Wh.	WIDOWE	-	0 2	TE OF BIRTH -27-1886		9. AGE (In years last birthday) yrs.	Months	Doys	Hours	R 24 HRS. Min.
Oo. USUAL OCCUPATION during most of working HOUSE	(Give kind of work d life, even if retired) Wife	one 10b.	KIND OF BUSINESS OR	INDUSTRY	Elkton, N		untry)	12. CI		S.	A.
3. FATHER'S NAME John	n A. Mor	gan		14	Annie A						
S. WAS DECEASED EVER I		CES? 16.	None	17. INFO	Alice Ann	na Ev		Elk		igh , M	
Conditions, if ony, gove rise to imm couse (o), stoling the lying couse lost.	under- DUE TO		pertens ive		disease						
20g. ACCIDENT WAS I	UNDERLYING I'I		ONTRIBUTING TO DEATH					EN IN PAR	T 1(o) 1	PERFO	NO D
OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o. gr. p. m.	DICAL EXAMINER)		JURY OCCURRED 20	De. PLACE	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City		(4	County)		(State)
21. 1 certify that alive on JU. ACTUAL SIGNATURE	t attended the		there In June	eath oc	urred all 2:15p	_M, fram	the causes of th	and an t		e state	d abav
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,	S. RALPH		REMS, JR., M				Marylan			,,,,	
REMOVAL (SPECIAL)	7-10-19		Gilpin Ma		Memo. Pk.	R. I	ON (City, town, Elkt	on,	Mc		s)
B. FUNERAL DIRECTOR'S S Pippin Fun		e A	ADDRESS	lkto	0 2	BY REGISTI	158 246. REGI	- /	GNATUR	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or offsetding physician.

TO FUNERAL DIRECTOR: After this confidence has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pour 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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		or and an arrange		

CERTIFICATE OF DEATH Reg Dist No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 e. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest lown? RURA STA. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OF INSTITUTION ON A FARM? YES NO T NAME OF 4. DATE Middle Manch Year DECEASED (Type or print) DEATH 19.5 COLOR OR RACE S. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years FUNDER I YEAR IF UNDER 24 HRS last birthday) Months Doys Min. WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working liter even if retired) carbon ofter FATHER'S NAME MOTHER'S MAIDEN NAME TOVE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if only, which gove rise to immediate DUE TO cause (o), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? burial YES I NO I 20a. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. ft. factory, street, office bldg., etc.) While Nat while 19 of work at work 21. I certify that I attended the deceased from 1928 that I last saw the deceased and that death occurred at M. fram the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED DIRECT ACTUAL should FUNER 3 s 220. BURIAL, CREMATION, 22b. DATE THEREOF 22C-MAME OF CEMETERY OR CREMATOR OCATION (City, town, or county) (State) DREMOVAL 4Specify) 2 ELINERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 1SM 9/5S

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	Kalug sandaan		
	enancial en la contraction	-700000	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07861

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

Unknown

- 5 days

PERFORMED?

YES TO NO

(State)

DATE SIGNED

7-20-58

(Stote)

ON A FARM? YES NO V

Yeor

58

Days

(County)



FOR STATE HEALTH DEPT.

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in. If one feloy is necessary, please and 3 to function director. Page may be related for your files.

Say his he state Board of Freehing ours after death.

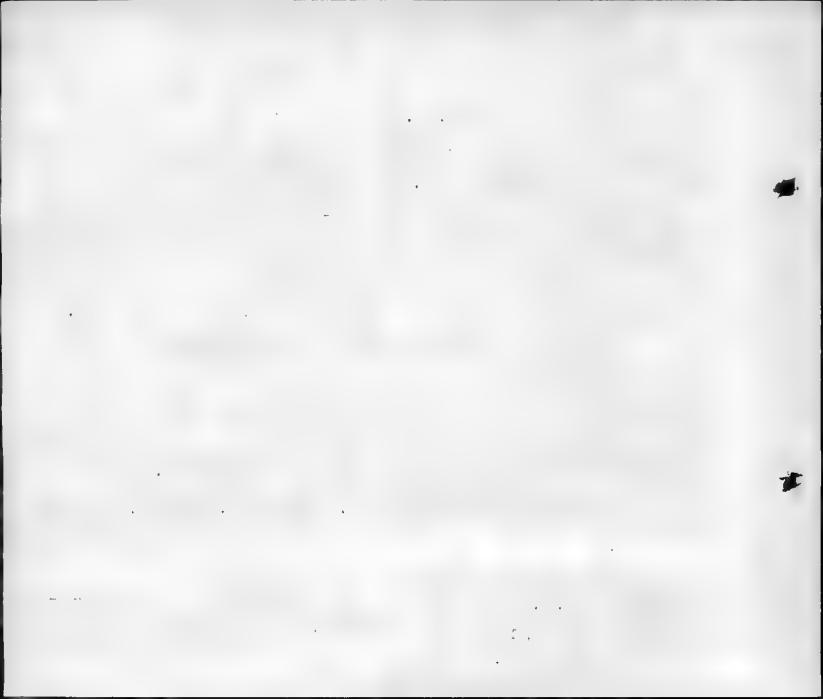
TO DEPUTY MEDICAL EXAMINER: A certificate should be executed within 24 hours after death, execute the certificate, writing the ford "pending" in pendil in Item, 18. Give Pages 1, 2, and 4 shmuld be forwarded to the Chief Medical Exeminer's Office along with form EM3. Page II m TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 v or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours.

VS. ATSME 5M 2 157

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7878 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

97862 Reg. Dist. No. 96

1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased live		on Residence belo	pre admission)
a COUNTY	Cecil		MARYLAND	o. STATE	aryland	P COUNTY		
b. CITY OR TOWN (III and give nearest town	suts de carporate limits, wo)	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OF YOWN	If outside corporate	limits, write R	URAL and give ne	rorest town)
Perry			Oyrs, 5mo, 3day	<u> </u>	Baltimore			- 4
d. NAME OF HOSPIT	AL OR INSTITUTION	If not in hos	pilat, give street address)	d STREET ADDRESS				e IS RESIDENCE
Veterans Ad					larx Avenu	Annual Association		YES NO
3 NAME OF DECEASED	Fi	117	Middle	Last	4. DATE	Month	Doy	Year
(Type or print)		RGE	A	BARTHA	DEATH	July	25	19 58
5. SEX	4 COLOR OR RACE	7 MARRIE	D NEVER MARRIED B	DATE OF B RTH		booth down		IF UNDER 24 HRS
Male	White	WIDOWE		3-29-20	3	8 yrs.	Months Days	Hours Min.
during most of working	DN (Give kind of work ig life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stot	te or fareign country)	12. CITIZEN OF	WHAT COUNTRY
	tal Worker		Iron Worker	Virginia			USA	_
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
IS. WAS DECEASED EV	John Barth		SOCIAL SECURITY NO. 17. IP	Emma (1	2		va. since 3 mms.	-
[Yes, es, er unknown)	(If yes, give wor or dates of					Address		
Yes	II_WW		ınknown He	ospital Reco	rds, VAH,	Perry	Point,	kid.
	TH [Enter only one co	use per line!	for (a), (b), and (c).]			* *	INTERV	AL BETWEEN AND BEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Se	condithird de	ree burns o	ver entir	e body		days
/ / / x	DUE TO							
Conditions, If a	ny, which) (b							
gove rise to imme	diate cause							
(a), stating the	underlying 60	,						
			NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVE	N IN PART I/al 10	WAS AUTORSY
PART II. OTH				To prevent	WIND BISERSE COL	Dinor Orre		PERFORMED?
200. EXTERNAL CAL	JSE WAS 2	DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in Pa	ort for Port II of item	n 18 3		110 126
_	NTRIBUTING []	Poure	d gasoline on	himself and	set fire	to it.		
20c. TIME OF INJUST HOUR G. m.	RY Month, Doy, Ye		NJURY OCCURRED 200. PLAC	E OF INJURY (Home, for	m. 20f. (City or to	wn)	(County)	(State)
Hour a.m.	7-76 19	KR of wo	rk ol work	nry, street, office bldg., et 3 N. Colline	* 1	Rollino	me Means	l and
		/////////////////////////////////////	emains described abar	ve. held an Auton			Inquiry X	and in my
			auses Accident [Hamicide			
opinidii dedib	The state of the s	INDIDIGI C	ooses [, Accident [Ti soicide Dit.	ridiliicide [_],	Undeter	mined manner	
ACTUAL //	VYZ	121	eron	CHIEF HEDICAL	PWA-AINIPA (T)			DATE SIGNED
SIGNATURE	COLIE	110	vid v C	_M.D. CHIEF MEDICAL	-			
EXAMINER'S					CAL EXAMINER			7-25-58
NAME (Type)	R. C.	DODSO		DEPUTY MEDICAL			recover or	(-4)-)0
220. BURIAL, CREMAT C REMOVAL (Spec fy)		OF THE STATE OF	22c. NAME OF CEMETERY OR		22d. LOCATION			(State)
BURIAL	JULY 27	1958	MORELAND MEMOR	KIAL PARK	PARKV	ILLE	MA	RYLAND
23. FUNERAY DIRECTOR	SIGNATURE		ADDRESS	240. REC	'D BY REGISTRAR	246 REGIST	FAR'S SIGNATURE	
HOMN /	Virno Co	M.	Lower 4	MAS DATE .	TUL 2 8 '58	1 (862	Leruch	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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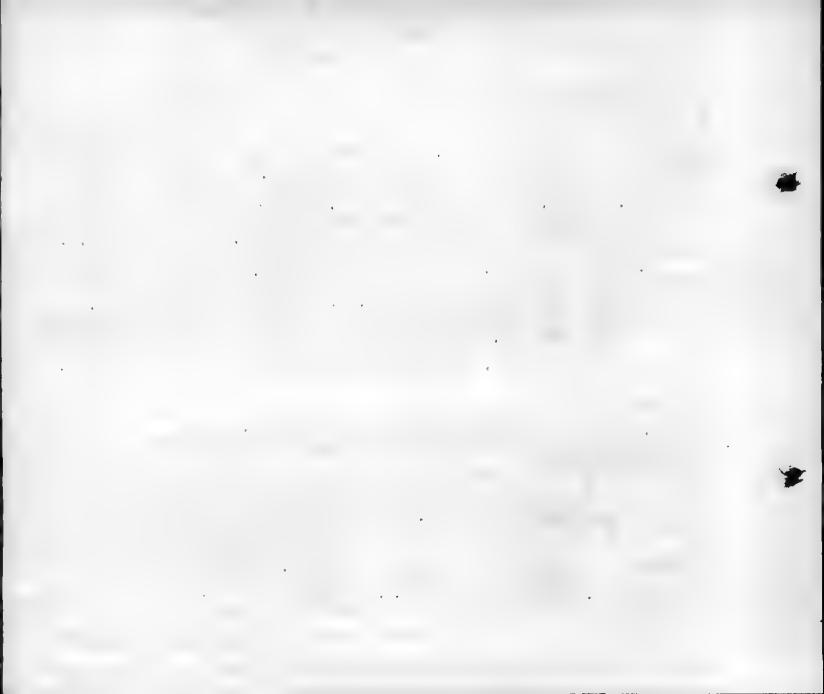
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VS A15C 1-55 10MT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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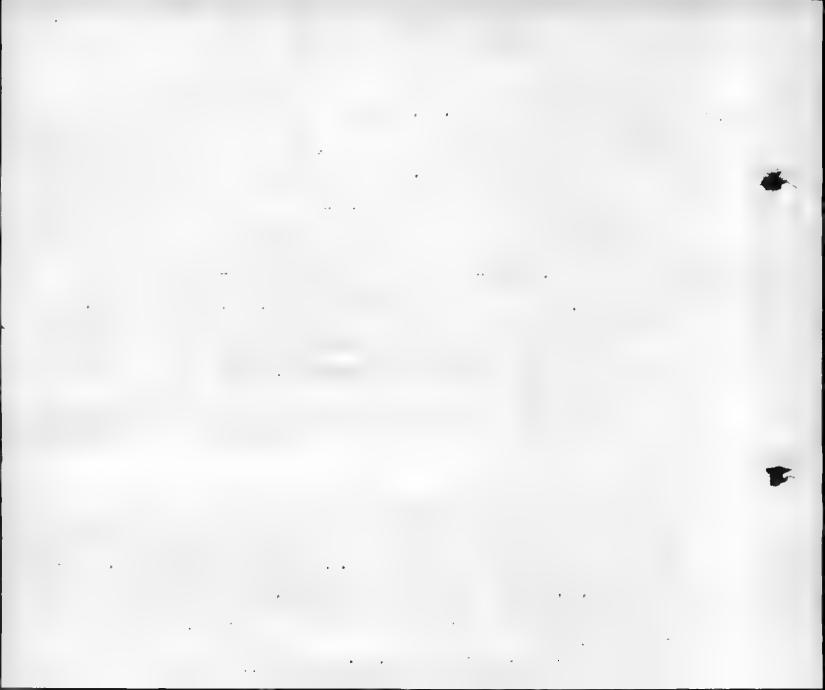
Rea. Dist. No.

CERTIFICATE OF DEATH 7879

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY C. F.C.1.1 MARYLAND	STATE Md COUNTY CECIL
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nearest town)
OR end give nearest town) TOWN (in this place)	TOWN MATHER TO TELLET
NORTH EAST Liteline	NORTH LAST MORAL
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) CRASE PULL PS F	BAULDEN 7 26 1658
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
RACE WIDOWED, DIVORCED,	Months Deys Hours Min.
FEMALE WHITE WIDOWER A	-3-1888 10 yrs.
10e. USUAL OCCUPATION Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) to 11 SEWIFE	MARVIAND U.SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Volume To Piller OBC	MARY DEMAND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or deles of service)	S and an art C
No -	Tra Boulden Holly Cast my
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
Corphory	Declusion 3 min.
MMEDIATE CAUSE (A)	0777
ANTECEDENT CAUSE(S) DUE TO	Arterioschrosis 3 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	7771
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING A	
TO THE DEATH BUT NOT RELATED TO THE	itus · Meurisy - lettilower
DISEASE OR CONDITION CAUSING DEATH. 19-6. DATE OF OPERATION 1 19-6. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
196. MAJOR FINDINGS OF OPERATION	YES TO NO DA
	(c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	H. HOW DID INJURY OCCUR?
M. at work at work	
314.7.	1. Fo 7/ Th. 57
22. I hereby certify that I attended the deceased from	if it is it is the control of the co
	ZAM, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
Maus H. Hudur M.O.	North Est, My 26 July 54
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (CREMATORY LOCATION (City, town, or county) (State)
13URIAI 7-29-58 METHO	7 DIST NORTH FAST COURSE MI
24. REC'D BY REGISTRAR SEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
JUL 3 0 '58 Clo-1-eauch	D. 00-4 1 700 1
DATE	Dept /A Licus / Mill & ash my



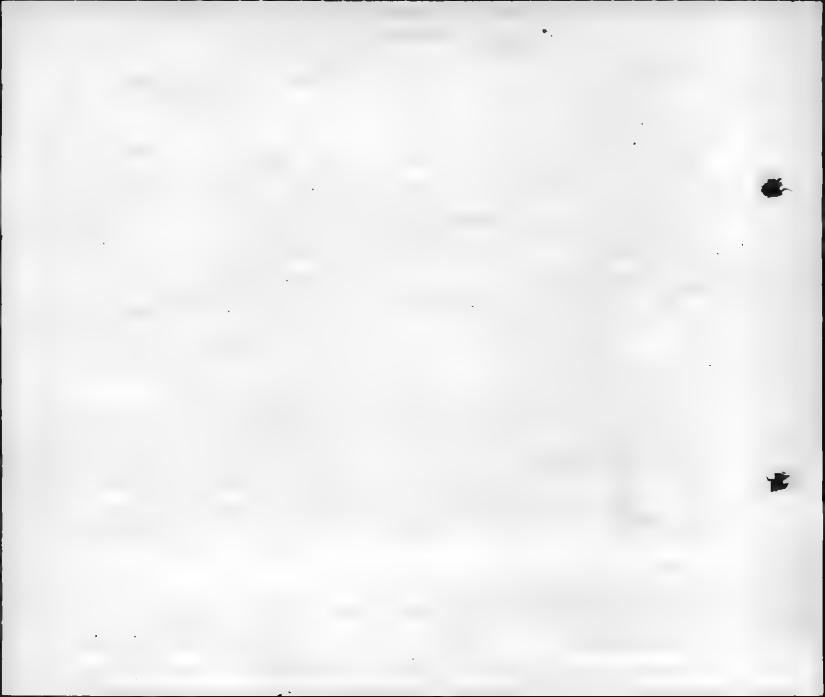
death: Page



7881 CERTIFICATE OF DEATH Reg. Dist. No. eral director, be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o. COUNTY b. COUNTY Maryland Cecil MARYLAND the funeral c should be fil b. CITY OR TOWN (If outside corporale fimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lown) RURAL and give nearest lown) Perry Point 12vrs.lmo.22davs Princess Anne d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? Veterans Administration Hospital YES TO NO T NAME OF 4. DATE Middle Yeor DECEASED OF DEATH 58 July CATON (Type or print) DAVID M. 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost/birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS White 6-17-94 Male WIDOWED [7] DIVORCED K yrs. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Self-employed Fulton County, Indiana Painter USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Caton - Deceased Lois Marah - Deceased 16 SOCIAL SECURITY NO. 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes 218-20-3913 Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN Pulmonary edema and congestion, bilateral PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Emrhysema, bilateral, severe unknown Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the under-Rheumatic heart disease inactive, with calcification lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 1946 to July 7 1958xqqqqqqqqqqqqqqqqqqq 21 I certify that attended the deceased from hay 15 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 7-9-58 V.A. Hospital, Perry Point, Md. PHYSICIAN'S FUNERAL Acting Director, Professional Services W. M. HARRIS NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Arlington National Arlington. Va. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE JUL 1 5 '58 Havre de Grace, Md. 15M 10/57

haurs ofter death. Page





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 17868 **CERTIFICATE OF DEATH** 7882 Rea. Dist. No. filed with PLACE OF DEATH death. Page 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY o STATE b. COUNTY STREET, SHOPE Cecil D.C. the funeral is b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1 month 16 days Perry Point Washington d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO TE 927 Penn. Ave. S.E. £ NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) CURRY July 58 CLAUDE NMI DEATH 19 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) complete Months Days DIVORCED [WIDOWED I Male Negro 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Unknown U.S.A. Evergreen. Flarida. Laborer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charlotte Knowland Walter Curry IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Hospital Records, VAH, Perry Point, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral, unresolved 3-4 days DUE TO Plasma cell myeloma. Conditions, if ony, which] Unknovn gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(D) 19, WAS AUTOPS) PERFORMED? Arteriosclerosis, generalized, mod. severe. YES THE NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Not while (County) (Stole) Hour o.m. factory, street, office bldg., etc.) While at work 🔲 ol work 21. I certify that Kattended the deceased from 5-28 - 19.58, to 7-13- 19.58 that blaston with advanced FUNERAL DIRECTOR: ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE M.D. VA Hospital. Perry Point. Md. should PHYSICIAN'S W. M. HARRIS Acting Director, Professional Services NAME (Type) 220 BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) poge (Stole) REMOVAL (Specify) Removal Arlington National Cem. Ft. Myer. 0 23 FUNERIN DIRECTOR'S SIGNATURE **ADDRESS** 746 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE JUL 2 5 '58 VS A15 (4) Hanne de Grace. Md. 1SM 10/57





CERTIFICATE OF DEATH Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, writer RURAL and give nearest town) RURAL and give nearest town) TO SO d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) 195 9. AGE (In years last birthday) MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED [100 USUAL OCCUPATION (Give kind of work done during most of working life, even if gettred) foreign country) 12. CITIZEN OF WHAT COUNTRY? 12011111 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 37. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ccurrent day5 ルルスメ DUE TO Canditions, if ony, which) gave rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Mallitus 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) factory, street, office bldg., etc.) (County) (Stote) Haur a.m. Not while at work 🔲 at work 21 74/4 21. I certify that I attended the deceased fram and that death accurred at of 1. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL HOSPITAL PHYSICIAN'S FUNERA NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, (State) REMOVAL (Specify) 0 9 ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/5S





VS A1S (4) 15M 9/SS

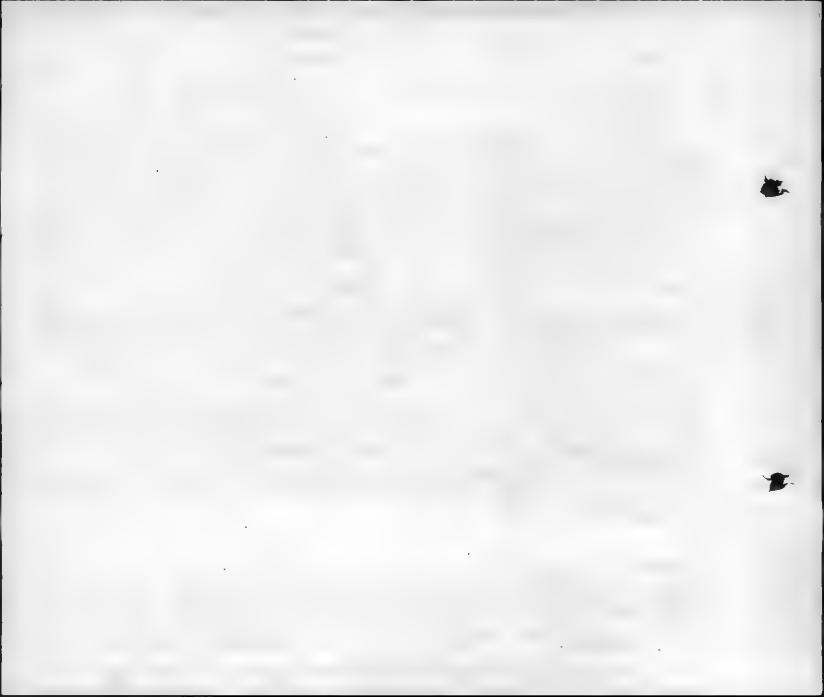
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07872

CERTIFICATE OF DEATH 7863

Ren Dist No

	100					MAN. DIEG. 14	91
1. PLACE OF DEATH a. COUNTY Ceci	1	MARYL	II o STATE	DENCE (Where dece Md .	osed lived. If institu b. COUNT		fore admission)
b. CITY OR TOWN (If outside c RURA) and give nearest town ELKTON	orporote limits, write)	c. LENGTH OF STAY II	N 1b CITY OR	TOWN (If outside of Elkton	orporate limits, write	RURAL and give n	earest lawn)
d NAME OF HOSPITAL (IF not OR INSTITUTION Uni	in hospital, give street on Hospi	*	113 E	ADDRESS Booth St	reet		e. 15 RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	Fint Paul	Middle J.	Harri				3 19 58
Male Co	l. widow		□ Aug. 3	3, 1936	9 AGE (In year loss bushday)	Months Days	Hours Min.
Self empl	ven if retired)	KIND OF BUSINESS OR Jobing		Marylan		12 CITIZEN	OF WHAT COUNTRY?
13 FATHER'S NAME Alfr	ed Harri	s	14. MOTHER'S	Irene	Wilson		
15 WAS DECEASEDEVER IN U. S. (Yes, no. or unknown) (19 yes, give v	var or dates of service)	SOCIAL SECURITY NO. 218-32-727	79 Irene H	[arris-1]	13 Booth	Street	
Conditions, if any, which gave rise to immediate cose (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)	CONTRIBUTING TO DEAL	Liz Rodin	mer	likus		ISET AND DEATH
PART II. OTHER SIGNIE 20g ACCIDENT WAS UNDER OR CONTRIBUTING II CAUSE U (IF EITHER, NOTIFY MEDICAL	YING 20b. DE	CRIBE HOW INJURY OC				TEN HATAKI IQI	PERFORMED? YES NO
20c. TIME OF INJURY Month, Hour a. m. p. m.		Not while	PLACE OF INJURY (foctory, street, offic	(Home, form, 20f. (e bidg., etc.)	City or town)	(Caunty	r) (State)
21. I certify that I attend alive an	2 12 Defin to	58, and that a	M.D.	ADDRES.	ram the causes & (Street, city or town	and an the do	saw the deceased ate stated abave. DATE SIGNED 2. 2. 58.
Burial (Remation, 226. t Burial (Specify) 6/	6/58	Providen ADDRESS		E1.	cation (City, town, kton, Mar	yland	(State)
Coley A.	Bell-	Wilm.Del.		24a. REC'D AY RE	3/51KAR58 246. REG	ISTRAN'S SIGNATU	JRE) ∠ ∧



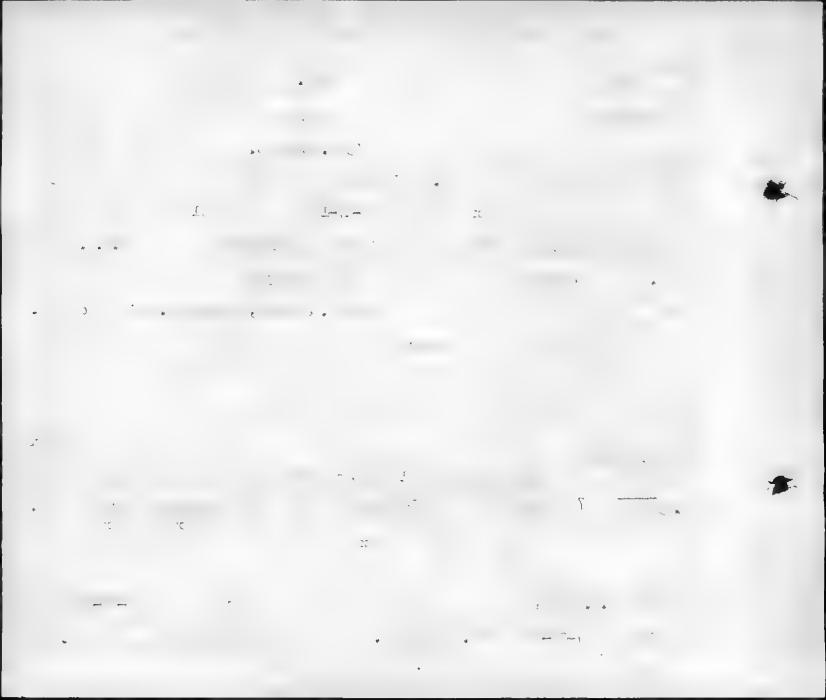
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deay is necessary, please execute the certificate, writing the conditional pending in pending in pending in them. 18. Give Pages 1, 2, and 3 toking funeral director. Page 4 should be forwarded to the Commencial Examinant's Office along with form PM3. Page 5 may retained for your files.

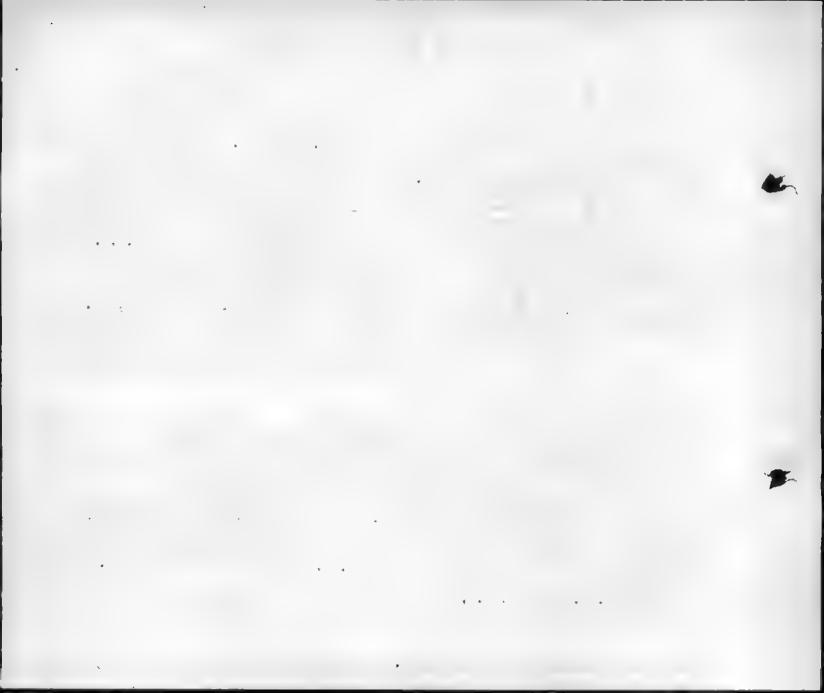
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7873 7884 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

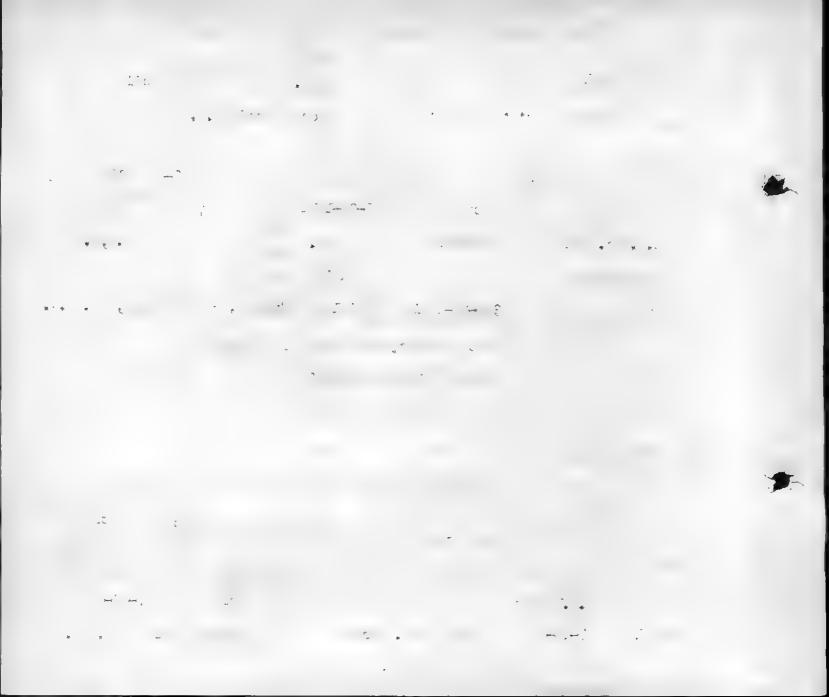
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day	
b. CITY OR TOWN 1st outside corporate himits write BUFAL c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest and give nearest lawn) Frederickterm d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 23 No Nain Sto 29 North A. DATE Month Day OF DECEASED	IS RESIDENCE ON A FARM?
mod give neorest town) Fredericktens d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 23 No Main Sto YE 3. NAME OF DECEASED First Middle Lost 4. DATE Month Day OF OF	IS RESIDENCE ON A FARM?
Tradericktens d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 4. NAME OF DECEASED Anoth Doy OF DECEASED	ON A FARM?
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 23 No. Main Sto. YE 3. NAME OF DECEASED Honth Doy OF AC	ON A FARM?
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day	
3. NAME OF DECEASED First Middle Lost 4. DATE Month Day OF	
DECEASED	
LIVE OF DEATH DEATH	Yeor FD
gottit 150 October	19 58
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE IN yours lost by holdy Months Days Hol	
WIDOWED DIVORCED 9-17-1906 51 yrs Months Doys Hou	THE WITH
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WA	ANT COUNTRY
Appliance Dealer House hold applicance Philadelphia U.S.A.	
13. FATHER'S NAME	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address	
(Yes, no, or unknown) [If yes, give wor or dates of nervice)	.4. 3
ne Albert D. Johnson, Church Rd. Bridge Per	re Pa.
18. CAUSE OF DEATH [Enter only one couse per ine for (o), (b), and (c)]	ETWEEN HTAID C
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DECTINE DECTINE	
750 X DUE TO	
Conditions, if ony, which)	
gove rise to immediate cause	
(o), stating the underlying DUE TO	
TV-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, W	REOFMED?
YES (NO 🏗
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WE FE YES [20g. EXTERNAL CAUSE WAS PORT CONTRIBUTING 20th DESCRIBE HOW INJURY OCCURRED (Enfer noture of injury in Port I or Port II of them 18.) CAUSE OF DEATH.	
MAIL ATT DANT IN TO TABLE BY WATER	
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County)	(State)
7 26 19 58 while Not white of work River Predericktown Cecil	Md.
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection \(\frac{1}{2} \), Inquiry \(\frac{1}{2} \),	and in my
	1
opinion death_cesulted from: Natural causes . Accident . Suicide ., Hamicide ., Undetermined manner [_
1 1200 2 - 0 - 12 - 1	
1 200 - 1 - 0	TE SIGNED
ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DA	
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DA EXAMINER'S ASSISTANT MEDICAL EXAMINER	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO TOWN, OF COUNTY OF COUNT	TE SIGNED
ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO THE THE THE PROPERTY OF CREMATORY TOWN, OF EQUIPMENT OF COUNTY) 270 BURIAL, CREMAT ON, 125 DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, town, or equipment)	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO THE PROPERTY OF CREMATORY TO THE P	TE SIGNED
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO DEPUTY	TE SIGNED





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNT Cocil noral director. Page inneral director. Page inner far your files. e. COUNTY Cacil MARYLAND b. CITY OR TOWN 15 outside carecrate houts, write PURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest town) M and give negres! fowel Pert Deposit Pert Deposit R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO T NAME OF First Middle DATE Lost DECEASED 19 58 (Type or print) MACK MOIDE. 7-12 DEATH 5. SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE (in years IEUNDER TYFAR IF UNDER 24 HPS (out birthday) 3 Lo Months Days Hours WIDOWED F DIVORCED [ond e 5 n 24 hours 1, 2, one Give Poges 1, 2, and form PM3. Poge 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? US.A. R.R.Sec. Handi Trackman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Susie Keen Floyd Keen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address (If yes, it was or dates of service) Shirley Dickerson. Port Deposit, Md. R.D. TB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) NIERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary and Corebral Accident IMMEDIATE CAUSE (a) Office 420.1 DUE TO Canditions, if any, which General Arteriescleresis gove rise to immediate course bending in policy of Examiner's DUE TO (a), stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CATION PERFORMED? NOT 200, EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e PLACE OF INJURY [Home, form, Month, Doy, Year 20f (City or fown) (County) (Stole) factory, street, office bldg , etc.) White Not white at work of work D. 191 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry (forwarded ! DIRECTOR: opinion deoth resulted from: Natural causes - Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER [7] SIGNATURE execute the c 4 should be f O FUNERAL D ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) R.C.Dedson 220. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Slate) REMOVAL (Specify) 0 Burial Belsir Mem. Gardens Belair Hardord Co. Md. 240. REC'D BY REGISTRAR

VS. A15ME 5M 2/57



CERTIFICATE OF DEATH

07876

7889

Reg. Dist. No. 96

1. PLACE OF DEATH a. COUNTY		_	MARYLA		2 USUAL RESIDENCE (W		b. COUNTY	on Residenc	e before odm :	ision)
Cec		h mile			Maryl:					
b CITY OR TOWN (IF RURAL and give neo	nest town)	IIS, WITH	c. LENGTH OF STAY IN	ПЬ	c. CITY OR TOWN (If		orole limits, write R	URAL ondigi	ive nearest tow	n)
Perry Poi			41 days		Bel A	ir	,		4	
OR INSTITUTION			·		d. STREET ADDRESS					SIDENCE A FARM?
	<u>Ad sinistra</u>	tion	<u>Hospital</u>		P.O. B	ox 120			YES] NO 🗓
3. NAME OF DECEASED	Fit	rst .	Middle		lost	4. DATE OF	Mon	- 4	Day	Yeor
(Type or print)	MILTON		P.	KI	RK	DEATH	July	26 X	16	19 58
5. SEX	6. COLOR OR RACE	7. MARR	MED TO NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	
tale	White	WIDOWI	DIVORCED [1-6-96		62 yrs	Months	Doys Hours	Min
10a USUAL OCCUPATION during most of worker	I (Give kind of work	done 10b.	KIND OF BUSINESS OR I	INDUST	RY 11. BIRTHPLACE (SHOT	e or foreign o	country)	12. CITI	ZEN OF WHA	T COUNTR
bicc.rici.		1.0		. le		.,ar	71 1.1	U.) . A.	
13. FATHER'S NAME			•		14 MOTHER'S MAIDEN					
Milton V.	KIRK				Elizabeth	E. Da	У.			
15 WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT .	-	Add	ress		
Yes no or unknown] [III	yes, give wor or dates of a		12 10 9868	Hos	pit 1 Jecor	ds, ".	Mospital	L, Per	ry Poit	it, . '
	•	use per lu	ne for (o), (b), and (c)]						INTERVAL B	ETWEEN
PART I. DEAT	1 WAS CAUSED BY: MMEDIATE CAUSE (o) Rr.	oncho-pneumo	nnia					2 week	
BOUX	DUE TO									
Canditions, if on	, which) th	i Do	rebral thron	nlane	is heminle	ത്ര			unknov	vm
gave rise to im couse (o), stating th	mediate (********		5 4.44				74.5
lying couse lost.	C DIIGHT	3								
PART II. OTHE			ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
X X										ORMED?
PART II. OTHE	UNDERLYING []	20b. DESC	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Port I or Par	rt II of item 18.)			1 -10 (8)
			100							
20c. TIME OF INJURY Hour o. m.	Month, Day, Ye	or 20d. It While	NJURY OCCURRED 20	e PLAC focto	E OF INJURY (Home, for ry, street, office bldg., et	m, { 20f. (Cit lc.} !	y or lown)	(Ce	Dunty}	(Stote)
	19	at worl	k 🔲 ol work 🔲							
21. I certify tha	t attended the	decease	ed from 6-15-5	58	, 19, to	7-26-	19 58	3 other rich	ed cwire the	deceas
			DEXECT; and that de							
1		0	. ()				itreet, city or town,			ATE SIGNI
ACTUAL	209 100	A		6.6	D. VA Hospit	al. ho	ruw Poi d	t. Nd.	7.	-27-58
3IGINATURE				m.	n. meerecasiista	Selven Land	e-4-V			
PHYSICIAN'S NAME (Type)	. BURKE S	UITT,	.D., Acting	Di	rector, Prof	ession	al Servi	ces.		
270 BURIAL, CREMATION	226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d LOCA	TION (City, town,		(Sto	
Hemovat (5, 104)	7-29-58		Friends	hil		Fal	15/072	Hari	ford.	11/0
23 FUNERAL DIRECTOR'S	STGNATURE	175	ADDRESS		24a REC	D BY REGIS	TRAR 246 REGI	STRAR'S SIG		
E.G. KURTS	SON SON	-17	Jarrettsvi.	lle.	IId. DATE	111 0 1 1	EQ (812	Lesu	eh	

50

ed in by the funeral director, I and 2 should be filed with

rihin 24 hours ofter death. Page 4

O FUNERAL DIRECTOR: After this politicate has been signed by the attending physician and camplete page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, ar removal, and in arty event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed may be retained by the hospitol or TO FUNERAL DIRECTOR; After this

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) for your files. o. COUNTY Cecil · STATE laryland b. COUNTY MARYLAND b. CITY OR TOWN Pt outside corporate timils, with RURA. c. SENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lawn) Elkton, R.D.4 Elkton. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3. NAME OF First. Middle 4. DATE Last DECEASED (Type or print) DEATH Klukevicz 5. SEX 6 COLOR OR RACE MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE (In yours IF UNDER TYPAR fait birthday) Months Dovs WIDOWED F DIVORCED T 63m e 5 r 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? em, 18. Give Poges 1, 2, olong with form PM3. Poge permit. File pages 1 and during most of working life, even if retired) U.S.A. Poland Triump Exp. Worker 13 FATHER'S NAME W. MOTHER'S MAIDEN NAME information No Information 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Alexander Klukewicz, Elkton, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY-Acute Coronary Occlusion IMMEDIATE CAUSE (a) Office **DUE TO** Diabetes Conditions, if any, which] gave rise to immediate couse DUE TO (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Ham 18) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Doy, Year 20c. TIME OF INJURY 20f (City or fown) [County] factory, street, office bldg., etc.) Hour White Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . execute the certificate, wrahould be forwarded to be tuneral DIRECTOR: Por its designated agent. opinian death-resulted fram: Natural causes 4. Accident 1. Suicide 1. Homicide 1. Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R.C. Dodson NAME (Type) DEPUTY MEDICAL EXAMINER [5] 220 BURIAL CREMATION, 1226 DATE THEREOF

1958

22¢ NAME OF CEMETERY OR CREMATORY

no Elkton,

ADDRESS

Immaculate Conception

e IS RESIDENCE

1F UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO TO

> > and 'n my

DATE SIGNED

(Stote)

22d LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

MIC DATE

Elkton. Maryland

24b. REGISTRAR'S SIGNATURE

ON A FARM? YES NO IX

VS. AISME 6M 2/57

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR S SIGNATURE

Buri a'



FOR STAT HEALTH DEPT. any delay is necessory, pieose the function. Page tetained for your files. The fuller based of Health, offer death. M

TO INTUTY INIDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any execute the certificate, writing the ford "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to 14 a should be forwarded to the C. Medical Examiner's Office along with form PM3. Page 5 may 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 will are its designated agent, prior to berial, crematian, ar removal, and in any event within 72 hours offer.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7888

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0787

	(000						Reg. Dist.	No.
PLACE OF DEATH	-			2. USUAL RESIDENCE	CE (Where deceas			e before admission)
o. COUNTY	cil		MARYLAND	o. STATE	land	b. COUNT	cil	
b. CITY OR TOWN	(If outside corporate limits, wr	te RJRAs C	LENGTH OF STAY IN 16			porate I mits, write		ive nearest town)
Risire	_		25 VYS:	Rising S	Sum			
	ITAL OR INSTITUTION	(If not in hospite	II, gave street oddress)	d STREET ADDRE			t to Parket	To IS RE IDE
				1				YES NO
NAME OF DECEASED	Fi	rpi	Middle	Lost	4 DATE OF	Mont	h	Day Year
(Type or print)	Jesse	Lee	Lynch		DEATH	7	1	1958
SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED 3	DATE OF BIRTH		9 AGE (In years lost b rthday)		EAR IF UNDER 24
M	W	WIDOWED [DIVORCED [July 28-1	891	66 yrs.	Manths Do	Hours Min
			D OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote or foreign c	country)	12 CITIZE	N OF WHAT COUP
Retired	ing life, even frehred) (e-rech 271%	Clet	thing Stere	West V	irginia.		17.	S.A.
3. FATHER'S NAME	400.000000			14. MOTHER'S MAID				
Herb	ert O. Lyn	ch		Olide P	adaama			
	VER IN U. S ARMED FO		CIAL SECURITY NO. 17. 19	OLLIG R	EARST.	Address		
[Yes, no, or unknown]	(Il yes, give wer or dotes o	f service)			T Troub			id.
R	1	No	TOTAL SAME AND W. A.	rs. Jesse	Tie Thurs	re transfer	Dutte a	v
	ATH [Enter only one co							ENTERVAL BETWEEN
PARTIDE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Acu	te Corenary O	cclusion				
1420,1					The state of the s		ī	
Conditions, if								
gove rise to imm	ediote couse							
(e), stoling the	Onderrying							
		DITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE T	TERMINAL DISEAS	E CONDITION GI	/EN IN PART 1	(a) 19. WAS AUTO
PART II. O								PERFORMED YES NO
200. EXTERNAL C	AUSE WAS _ 2	Ob DESCRIBE H	OW INJURY OCCURRED (E	nter noture of injury is	n Port 1 or Fort 11	at item 18)		
F PRIMARY D or C	ONTRIBUTING []			, ,		,		
	URY Month, Doy, Ye	or 20d IND	URY OCCURRED 200 PLA	CE OF INJURY (Home,	form 204 (City	or town)	(Count	y) (Sto
20c. TIME OF IN	١.	While	Not while fact	ory, street, office bldg.	., elc.)		100011	13
_			ot work					
21. I certify			nains described abo		opsy [], l	nspection 🔀	Inquiry	and in
opinion deat	h resulted from	Natural car	uses 🔙 . Accident (], Suicide 🗌	, Homicide	, Undete	rmined mo	inner 🔲
1	11000	7	11 1201					DATE SIGNE
SIGNATUREL	MIN	104	NUM	M.D. CHIEF MEDIC	AL EXAMINER			DATE SIGNE
		-		ASSISTANT M	EDICAL EXAMINE	R [
EXAMINER'S NAME (Type)	RaCaDed	lson		DEPUTY MEDI	CAL EXAMINER	X	7-5-	58
220 BURIAL CREMAT	ION TOO DATE THERE		NAME OF CEMETERY OR	CREMATORY	22d LOCA	TION (Cily, tawn,	or county)	(Stote)
REMOVAL (Spe		17511	by - had	Thinks mann	7.3	olous		777
23. FUNERAL DIRECTO	OR'S/SIGNATURE	231.	ADDRESS	240	REC'D BY REGIST		STRAR'S SIGN	ATURE
A 253	11 3	~~	James Als	- 10 /	EIIII 7 '5	B POR	(7
y a bree			1 - marine de d' 1 "	J /J VV/ DAI	WUL /		2- Brill	/iA

me pr 2

Year

	7830
March of the state	1. PLACE OF DEATH
y)	Cecil
/	b. CITY OR TOWN (If outside corporate limits, write

RURAL and give negrest town)

Perry Point

OR INSTITUTION

I director, filed with

å

should

funeral

pup

physician emave carb

hours ofter death. Page

d. NAME OF HOSPITAL (If not in hospital, give street address)

MARYLAND

2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) **b** COUNTY Maryland

4. DATE

c. LENGTH OF STAY IN 1b 1 month 2 dalvs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Silver Springs

d STREET ADDRESS

932 Philadelphia Avenue

IS RESIDENCE YES IN NO I

_	vecerans	Additional Street	LOD	HOSPICAT
3	NAME OF DECEASED	Fii	st	Middle
	(Type or print)	George		(NII)
5.	SEX	6 COLOR OR RACE	7 M	ARRIED NEVER MARRIED

Martin B. DATE OF BIRTH DIVORCED [

DEATH July AGE (In years last birthday)

19 IF UNDER I YEAR IF UNDER 24 HRS Manths Days

Male during most of working life, even if retired) Shoemaker

10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Shoemaking

Armenia

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

Poe Martin IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

Address

Yes 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

PART I DEATH WAS CAUSED BY Bronchopneumonia.bilateral.unresolved IMMEDIATE CAUSE (a)

ot ascertainable Hospital Records, VAH, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate cause (a), stating the under-

lying cause lost.

20c TIME OF INJURY

Haur a. m.

(b) nodes, esophogus and verterbrae **DUE TO**

WIDOWED [

Carcinoma of Lung with Metastasis to the hilar

Unknown

- 10 days

PERFORMED?

YES IN NO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY

Arteriosclerosis.generalized, severe. 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Nat while

20e. PLACE OF INJURY (Hame, farm, 20f (City or town) factory, street, office bldg., etc.)

(County)

(State)

Day, Year 20d. INJURY OCCURRED at work at work

DATE SIGNED

glive concentration of the date stated above.

21. I certify that/l'attended the deceased from.....

5-9-58

(Stole)

ACTUAL SIGNATURE

VA Hospital, Perry Point,

Acting Director, Professional Services.

PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)

.emova

C. GRASBERGER.

22c. NAME OF CEMETERY OR CREMATORY Baltimore National

22d. LOCATION (City fawn, or county)

ADDRESS (Street, city or town, state)

daltimore. waryland

23. FUNERAL DIRECTOR'S SIGNATURE

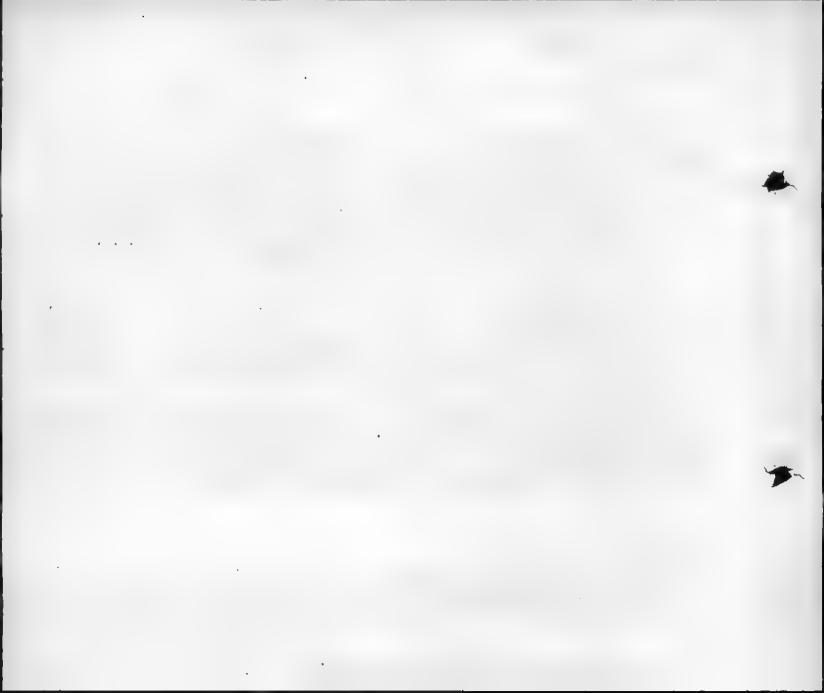
ADDRESS

24a. REC'D BY REGISTRAR Havre de Grace. Md. DATE

248 REGISTRAR'S SIGNATURE

0

VS A15 (4) ISM 10/57

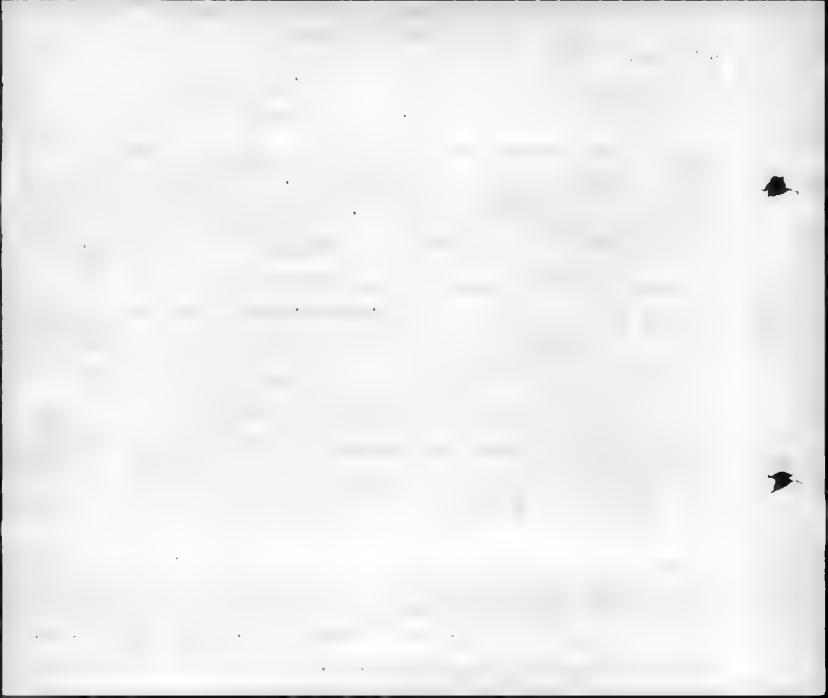


VS A15 (4) 15M M/5M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07880

78		CERTIFI	CAII	CF DEP	VIH			Reg. Di	st, No.		
1. PLACE OF DEATH 6. COUNTY UE	cil	MARYLAN	- 11 4	USUAL RESIDENCE o. STATE		e deceased	lived. If institute b. COUNTY		ce before	e odmiss	ion)
b. CITY OR TOWN (If outside corpo RURAL and give nearest lown)	rote limits, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	(If oul	side corpor	ote limits, write R	URAL and	give neor	est town)
Chesapeake Ci		45 Years	3 🔀	Ch	esa	peak	e City				
d NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street	address)		d. STREET ADDRE	55				•		IDENCE FARM?
3. NAME OF DECEASED	First	Middle		Lost	1	4. DATE	Mon	th	Day		Year
(Type or print) Willis	ım.		Ma	rtin S	r.	DEATH	July		28		19 58
5. SEX 6. COLOR O	R RACE 7. MARI	RIED NEVER MARRIED	B. 0/	ATE OF BIRTH		9	AGE (In years lost birthday)	IF UNDER			ER 24 HRS.
male Whi	te WIDOW	ED DIVORCED	J De	c. 28.1	903	}	54 yrs	Months	Doys	Hours	Min
10a USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. f retired)	KIND OF BUSINESS OR IN	NOUSTRY	1). BIRTHPLACE (State or	foreign co	untry)	12. CI1	IZEN OF	WHAT	COUNTRY
Crane Operato	r	Laborer		Aust	ria			U	J.S.	Α.	
13. FATHER'S NAME			14	. MOTHER'S MAID	DEN NA	ME -					
John A	artin			Ther	esa	Zaj	ac	•			
15. WAS DECEASED EVER IN U. S. ARA	ED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFOR				Add	ress			
No		1.	Irs.	Mary K	. M	larti:	n Che	sape	ake	Ci	tv. 1
18. CAUSE OF DEATH [Enter on	y one couse per li	ne for (a), (b), and (c).]							INTER	RVAL BE	TWEEN
PART I. DEATH WAS CAUS	ED BY-	TARVATI	mnl							DA	DEATH
) Indicolate (DUE TO								1	2000	
Conditions, if any, which)	n. OF	35TRUCTION) 0	F BRIE	01=1				1	ru Y	EAL
gove rise to immediate	DUE TO			0						-	77.1-4
lying cause lost	(c) A	ARCINOMA .	OF	TANCRE	EAS	SANI	STOM	A-CM	2	7/	S
PART II. OTHER SIGNIFICA 20a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	NT CONDITIONS	CONTRIBUTING TO DEATH							T 1(o) 19	PERFO	AUTOPSY RMED? NO
	DEATH MINER) 205. DES	CRIBE HOW INJURY OCCU	IRRED. (Er	nter nature of injur	y in Po	rt I or Port	II of item 18.)				
			. PLACE	OF INJURY (Home, street, office bldg.	form,	20f. (City	or town]	(0	County)		(State)
Hour c. m.	19 White	Not while	raciary,	street, brice blog.	., INC.)						
21. I certify that I attend	ad the deceas	ad from Chile	_16	1958, 10	1/12	1 2	\$ 1055	Alama I	I	. Als a	deceased
alive on 16 4 1	8 10			urred at	54.	NA Seran					
7/		ZZZZ, Gilb Hidi de	diii ucc	orred dixx			the causes o		ne agre		ea above NE SIGNEC
ACTUAL SIGNATURE	70	Sus	M.D.	@1	Æ,	C- 1-	PARE C	177	MI) ",	1/30/5
PHYSICIAN'S HEN'	ey Vil	DAVIS M	2		Di vio vio vio que o						
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) BUT181 8/2	THEREOF 1958	22c. NAME OF CEMETER					ON (City, town, o	,,		(State	
23 FUNERAL DIRECTOR'S SIGNATURE	17770	St. Rose	55 U	emetery		MT.	Chesar	DEBIKE STRAK'S SIG			IVIQ.
	· · · · · · ·	- t- L-	a. da		8.1	BY REGISTR	'58 246. KEGIS	SHAKS SIC	LLL		
ippin Funeral H	iome was	all Th. Res Ell	Kton	MIC DATE	E HI	ou '		- 1,1-10	-cerin		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07221

	78	192 N	AEDICA	L EXAMIN	NER'S	CERTIFICAT	E OF DE	ATH		でのま
1.	PLACE OF DEATH					2 USUAL RESIDENCE (V	/here deceased live		Reg. Dist. No Con. Residence bed Montgo	fore odm ssion)
	CITY OR TOWN (16)		profes PETERAL	c. LENGTH OF STA	RYLAND					
	and give negresi fewn	peake (visit	11	c CITY OR TOWN (II		lim is, write i	TURAL and give n	iearest lawn) 💡
_	I. NAME OF HOSP TAL	affine angular description				d STREET ADDRESS	dol		1 . 1 .	T. H CLC DIAL
			The second secon	mo, give sites sooi			Scrope	Road		ON A FARA
	NAME OF DECEASED (Type or print)		Ken t	Middle	Mat	hias	4 DATE OF DEATH	Month 7	7	Year 19 5 8
5, 5	EX	6 COLOR OR RAI	CE 7. MARRIET	NEVER MARRI	ED 🗗 0 (PATE OF BIRTH		E (In years	FUNDER TYEAR	~ ·
	M	W	MIDOMED	DIVORCE		Jan. 7 19	55	3 yrs.	Meryths Doy1	Hours Min
100	. USUAL OCCUPATION luring most of working LnT 8	I le, even it retire	rk done 10b. Kl d)	ND OF BUSINESS O	RINDUSTRY	11. BIRTHPLACE (5%)	or foreign country) elphia	Pa.	12. CITIZEN O	F WHAT COUNT
13.	FATHER'S NAME					4. MOTHER'S MAIDEN N		·		Sarting and All-
	Paul	Valent	ine Ma	athias		Ethel	Hall			
	WAS DECEASED EVER	IN U.S. ARMED	FORCES? 16. 5	OCIAL SECURITY NO		ORMANT		Address	9 99	welv
	no				- Pa	aul V. Ma	thias,	Rydo	l. Pa.	
	18 CAUSE OF DEATH			or (a), (b), and (c).]						EVAL BLIVEEN HTASO DNA TE
1		WAS CAUSED BY AMEDIATE CAUSE		Drow	ned					
	729.8	DUE	ro							
	Conditions, if any		(b)							
	gove rise to immedia (a), stating the un		ro							
	couse lost.)	(c)	T Ar ior shouldess						
KATION						T RELATED TO THE TERMI				9. WAS AUTOPS PERFORMED? YES NO
CERTIF	20a. EXTERNAL CAUSE PRIMARY LALOR CONT	E WAS RIBUTING 🗀				er noture of injury in Port	7.5	16.)		
	CAUSE OF DEATH.					hesapeak e	Canal		apeake	city
MEDICAL	HOUR OF INJURY	Monib Day,	7 5 Perhile	Not while	20e PLACE factors	OF INJURY (Home, form, street, office bldg, etc.)	20f (City or tow	n)	(County)	(Slote
×	1.80			of work	Che	sapeake Us	nal Ch	esape	ake Ue	cil A
	21. I certify tha	t I took char	ge of the re	emains describe	ed obove	, held an Autops)	, Inspec	tion 📑	Inquiry X	, and in a
	opinion death re	ulted from:	Natural co	ouses []. Acc	ident 🔼	, Suicide , H	lomicide [],	Undeter	mined manne	er 🗌
	ACTUAL SIGNATURE	en	700	110	7	M.D. CHIEF MEDICAL EX	AMINER 🗍			DATE SIGNED
	EXAMINER'S					ASSISTANT MEDICA			7-8-58	
	NAME (Type)	R.C.	Dodson			DEPUTY MEDICAL E	TAMINERAL		1-0-10	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

226 LOCATION (City, town, or county)

240. REC'D JUZEGISTEAND 240. ALCHERTES STONATURE

Philadelphia,

(State)

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220. BURIAL, CREMAT ON, 226. DATE THEREOF

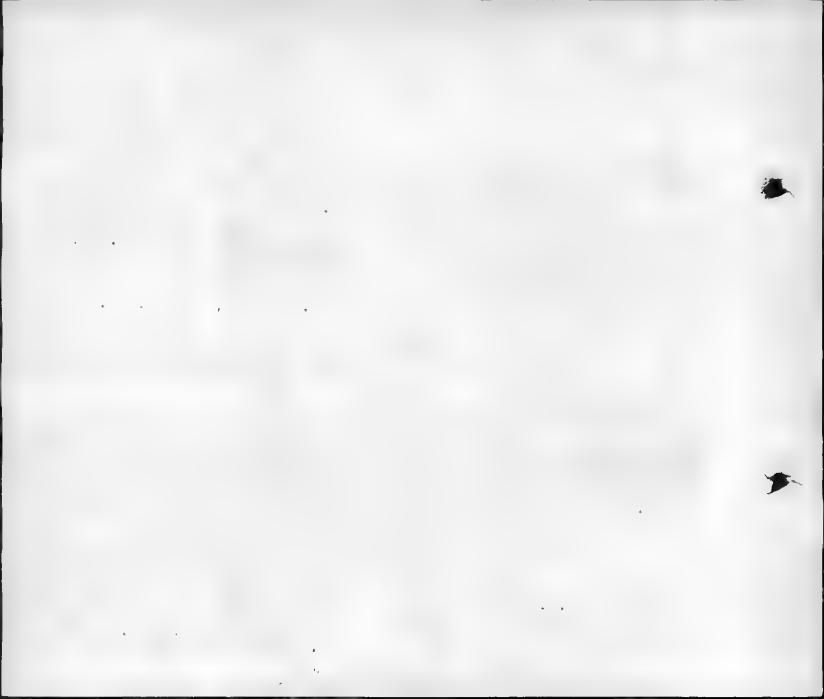
Pippin Funeral Home

19

1958

REMOVAL (Specify)

23. PONERAL & RECTOR'S SIGNATURE



VS A15 (4) 15M 9/55 07882

7297 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY M. P. 4
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN CRUMAL and give nearest town)	1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest leven) Of the Company of the com
d. NAME OF HOSPITAL (If not in hospital, gipt street address) OR INSTITUTION Morgan hurbing Home	Chisakeake City Met 18 Is RESIDENCE ON A FARM?
3 NAME OF DECEASED (Type or print) Refixe Middle	ME Coef OF DEATH SCHIEF 196 8
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Mal Manths Days Hours Man
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **TOWALLY THE THE TOWARD TOW	
13. FATHER'S NAME ISLOSELY FI, Runner	14. MOTHER'S MAIDEN NAME NACHT Richardson
15 WAS DECEASED EVER IN U. S. ARMED FÓRCES? [Yes, no. of unknown] [Il yes, give wor or dofan of service]	Eva M. nisbitt nothingham Be
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) SENIL 1777	INTERVAL BETWEEN ONSET AND DEATH ON & NOTH S
Conditions, if any, which) ON ARTERIC SC	LEROSIS YEARS
gave rise to immediate couse (a), stating the under lying couse lost. DUE TO (c)	
ICATI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	JRRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Charles alive on 125, and that de	21. 1955, to full 4. 1955, that I last saw the deceased eath occurred at 2'SAT M, from the causes and on the date stated above.
ACTUAL STEWN Dono MA	M.D. DATE SIGNED
PHYSICIAN'S HEARY U. DAVIS M.D.	CHEKAREAICE CITY HO
220. BURIAL, CREMATION, 22h. DATE THEREOF 22c. NAME OF CEMETER SEMOVAL (Specify) July 9-5-8 ROCK NA	RY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	DATE 111 8 58



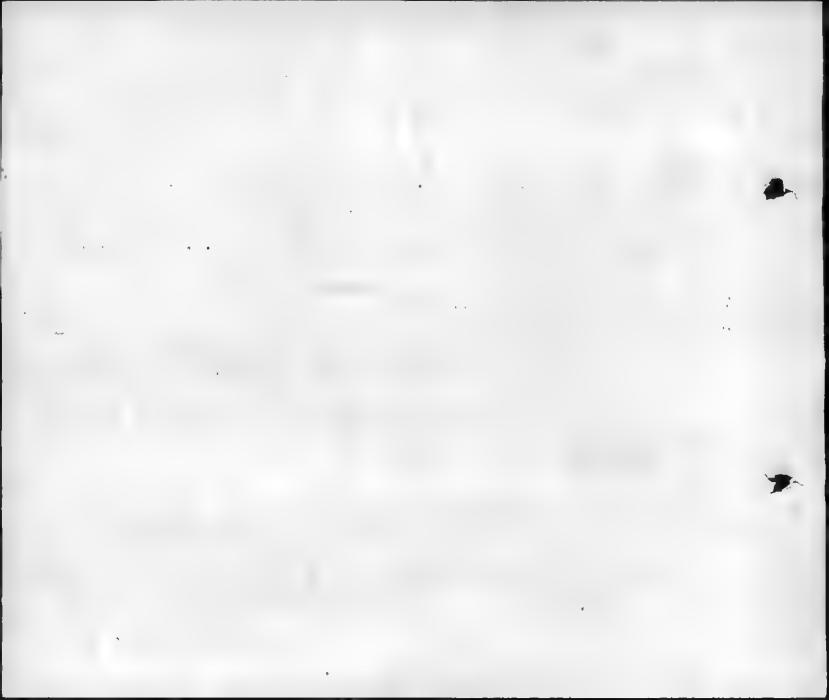
OR STATE

ssary, please ector. Page your files.

7	Ü	0	의		-
	execute the certificate, writing the ford "pending" in pendit is them, 18. Give Pages 1, 2, and 3 to the funeral direct	for	1 M TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wit was State Board	/	
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3	n e	ii.	0	퓽	
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b.	in a		2	è	
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	60 3K	w	0	or its designated agent, prior to burial, cremation, or removal, and is conversed within 72 hours after death.	
			P -		
5	A	15/	ME.		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18 05000
7864 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07883
1804	Reg. Dist. No.

	LACE OF DEATH			11			lence before admission)
	Ced		MARYLAND	o STATE Mas	SS.	b. COUNTY	
b.	. CITY OR TOWN jif : and give negres! town]	outs de carparate limits, we te HURAL	c LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carporate l	imits, write RURAL on	d g've nearest town}
		Elkton	8 Hours	New Bo	dford		A
d	NAME OF HOSPITA	L OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS			S RESIDEN E
	And the second s	Union Hosp	ital	16 Huss	sey St.		YES NO T
3. h	IAME OF ECEASED	First	Middle	Fost	4. DATE OF	Month	Day Year
	ype or print)	Ella	Н.	Hidgley	DEATH	7	13 19 58
5. 5	EX	6 COLOR OR RACE 7- MA	RRIED NEVER MARRIED		9 AG	(In years IF UNDER	
	\mathbf{F}	W wido	WED DIVORCED	4-8-1883	7011	75 yrs. Months	Doys Hours Min.
100	USUAL OCCUPATIO	N (Give kind of work done 10)	. KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Sto	te or foreign country)	12 CIT	IZEN OF WHAT COUNTRY
"	House		House Keeping	Provid	lence, R.	I. U	.S.A.
13.	FATHER'S NAME	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		14. MOTHER'S MAIDEN	NAME		
	. Will	iam Haywar	i .	Hanna	Harper		
		R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address NG	w Bedford,
	no			Wm. H. Mid	igley, 16	Hussey	St, Mass.
	18. CAUSE OF DEAT	H Enter only one cause per l	ne for (a), (b), and (c)]	the same of the party of the pa		distribution with the same of	INTERVAL BETWEEN
	PART I DEAT	H WAS CAUSED BY: MMEDIATE CAUSE (6)	enal Failure,	Anuria Ar	rterioscl	erotic	CHISET AND DEATH
	X	DUE TO					
	Conditions, if on	y, which } (b)	cardiovascul	ar renal d	lisease.		
	gave rise to immed (a), stating the u	> DIJE TO					
	couse lost.	(c)					
3	PART II, OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAI	RT 1(a) 19, WAS AUTOPSY
3							YES NO P
CERTIFICATION	200 EXTERNAL CAU	SE WAS 206 DESC	RIBE HOW INJURY OCCURRED (I	nter nature of injury in P	orl I or Part II of tiem	18.)	
	CAUSE OF DEATH.	I CANDONNA					
MEDICAL	20c. TIME OF INJUR		d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, fo	rm, 20f. (City or low	n) (Co	unty) (Slote)
MED	Hour a, m,		hile Not while fact	ary, street, office bldg., e	4c.)		
		of I tack charge of th	e remains described abo	ve, held an Autor	nspec	tion 🔼 Inqui	ry [X], and in my
			couses 🔼 , Accident			Undetermined	* beauting
		(20)	1 - 20	., soroide [,	riomicios [Ongerennineg .	monner [_]
	ACTUAL .	X UNTI	-CIALIN	CHIEF MEDICAL	EXAMINER [DATE SIGNED
	SIGNATURE			ASSISTANT MED	ICAL EXAMINER		
	EXAMINER'S NAME (Type)	R.C.Dodson			L EXAMINER 🕞	7	_13_58
220		N. 226. DATE THEREOF	72c NAME OF CEMETERY OR			Ty, fawn, or county)	(Stote)
	REMOVAL (Sper by). Removal	7-13-58	Acushnet			net. Mass	1/
23	FUNERAL DIRECTOR'S		ADDRESS		C'D BY REGISTRAR	246 REGISTRAR'S SH	The state of the s
P4		(- Mr. Deater let as		JUL 1 5 58	Ges.	
4	portr va	neral Home V	mess pusceElktor	INTO DATE		Jun 24	LUX



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CONTRACT OF MARKET

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MODEL

CERTIFICATE OF DEATH

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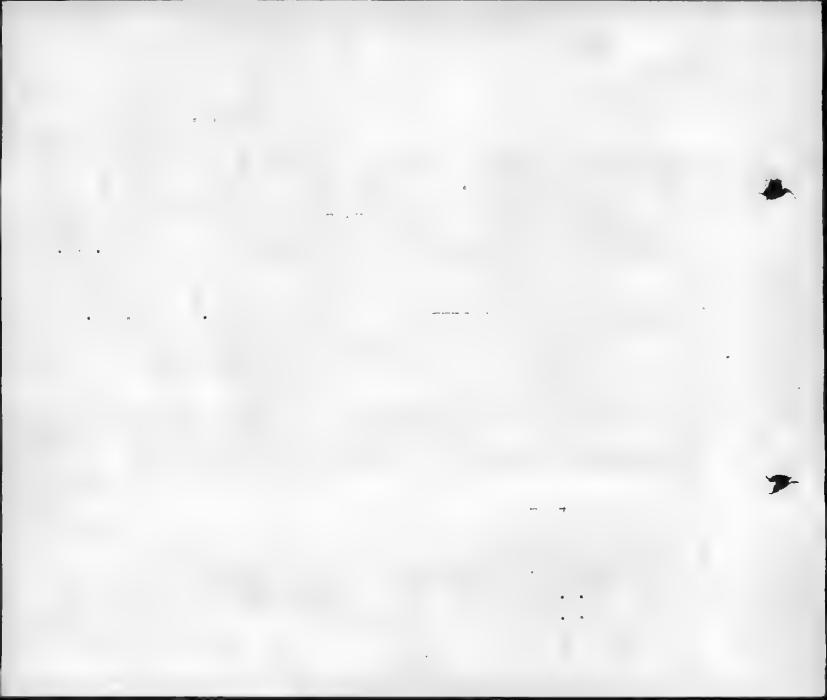
			£0:	J. J.	-		TIE OI DEAT	• •		Reg. D	ist! No	8 29	<i>)</i>
	COUNTY	Cecil			ı	MARYLAND	2. USUAL RESIDENCE (V o. STATE Distri	there deceased.	lived. If institute column 12	on: Reside	nce befo	re admiss	ion}
Ь	CITY OR TOWN	f outside co	rporote limit	s, write	c. LENGTH OF month	STAY IN 16	c CITY OR TOWN (IF	,	ote limits, write R	URAL ond	give ne	arest town)
	NAME OF HOSPI OR INSTITUTION eterans						d. STREET ADDRESS 2619 - 11th		., N.W.	, , , ,			DENCE FARM?
DE	ME OF CFASED pe or print)		Firs GEO	RGE	N	W.	MILES	4. DATE OF DEATH	Mon Ju.		D:	,	958
	Male	Negr	ro	WIDOWI		ORCED 🔲		TRA3	9. AGE (In years lost birthdoy) 65 yrs	Months .	R 1 YEAR Doys	Hours	R 24 HR
0o U	ISUAL OCCUPATI uring most of wor Carpe	kıng life, eve	nd of work d in if retired)	lone 10b	KIND OF BUSINI Builds		STRY 11. BIRTHPLACE (Sion	-	untry)	12. C	US!	OF WHAT	COUN,
S. W	AS DECEASED EV	ERINU S. A	VILLIA	CES? 16.			ANNIE NFORMANT OSPITAL ROCOT	COLYEF	Add			Dei	
18	PART I DE	ATH WAS CA					3 1 3				ON	ERVAL BE	DEATH
3 C H	Conditions, if a gove rise to ouse (o), stoling ying couse lost.	ony, which	E CAUSE (o). DUE TO	Суз			lateral	ere				; - > a	dayı
G C	pove rise to rouse (o), stoling ying couse lost. PART II OT CONTRIBUTING	ony, which immediate the under the u	DUE TO (b) DUE TO (c) CANT COND ING OF DEATH	Cys	titis ur	o DEATH BUT		WINAL DISEASE		/EN IN PA	8	3-10	days
GERTIFICATION II-10.5	gove rise to ouse (o), stoling ying couse lost. Part II OT	ony, which mmediate the under- MER SIGNIFICATE AS UNDERLY AS UNDERLY MEDICAL EX	DUE TO (b) DUE TO (c) CANT COND ING OF DEATH	Cys Diffions Cer 20b. Desc	titis ur	O DEATH BUT	bladder, sev	WINAL DISEASE VOTO Port I or Port	II of item 18.)		8	9. WAS	day
MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	gove rise to couse (o), stoling ying couse lost. PART II OT CONTRIBUTION R CONTRIBUTION FEITHER, NOTIFY C. TIME OF INJUI Hour o.m.	ony, which minediate the under- the under- HER SIGNIFIC AS UNDERLY DI CAUSE MEDICAL EX MEDICAL EX MONTH, TA	E CAUSE (o). DUE TO (b). DUE TO (c). CANT COND. ING (). OF DEATH XAMINER). Doy, Year	Cys Diffons Cer 20b. DESC while of worl decease	ONTR BUTING TO CRIBE HOW INJURY OCCURRED Not white of work ed from Ju	o DEATH BUT lema, BUT IRY OCCURRED D 20e. PL for line 12	bladder, sev	m. 204 (City tc.) AMM, from ADDRESS (Sie pital,	or town) 19 58 1 the causes ceet, city or town, Perry Pe	3,1960 and on slote)	(County)	P. WAS PERFO YES CODO te state	day

d in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death." Page a may be retained by the hospital or or anding physician.

TO FUNERAL DIRECTOR: After this cynecone has been signed by the attending physician and campletely do in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. ***Expects** ond 2 should be filed with the registrar prior to burial, camation, ====aval, o=== in any event within 72 hours after death.** VS A15 (4) 15M 10/S7



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. MEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) in necessary, please of director. Page of for your files. o. COUNTY MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, wir to BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) months Elliction e IS RE" JONCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS c/o Walter Logan ON A FARM funeral etoined for Stote Bo Union Hospital YES NO K 3. NAME OF First Middle 4. DATE Lost Year DECEASED (Type or print) William DEATH Packer 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH 5 SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 3 to moy lost birthday) Months Doys Hours Min DIVORCED T 85 WIDOWED I 6-70-787 YES 6 5 m form PM3. Page 5 File pages 1 and 2 File within 22 h 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer U.S.A. General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anne A McBride 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT For Address (If you, give were or dates of service) ong with Records. Elkton. Hosnital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ominer's Office one Uremia following Fractured Right femur IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Hem 18) Medic Medic of be Was fighting with another patient 2001. INJURY (Home, form 2011. (City or fown) and was knocked dow 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Apur a. m. at work at work Nursing home Calvert 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry and in my CTOR: opinion death_resulted from: Natural causes ... Accident , Suicide . Hamicide . Undetermined manner FORM DIREC ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE be AL ASSISTANT MEDICAL EXAMINER R.C.Dodson **EXAMINER'S** should FUNERA DEPUTY MEDICAL EXAMINER FT NAME (Type) 2210 DANIBLEVELS ON 1220 NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or county) (Stote) BII THA COLA (Sper fy) /58 Zion Cemeterv 70 July Maryland Zion. Cec THE POST OF ADDRESS 240. REC'D BY REGISTRAR 46 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE MS. A15ME Elkton. 5M 2/57



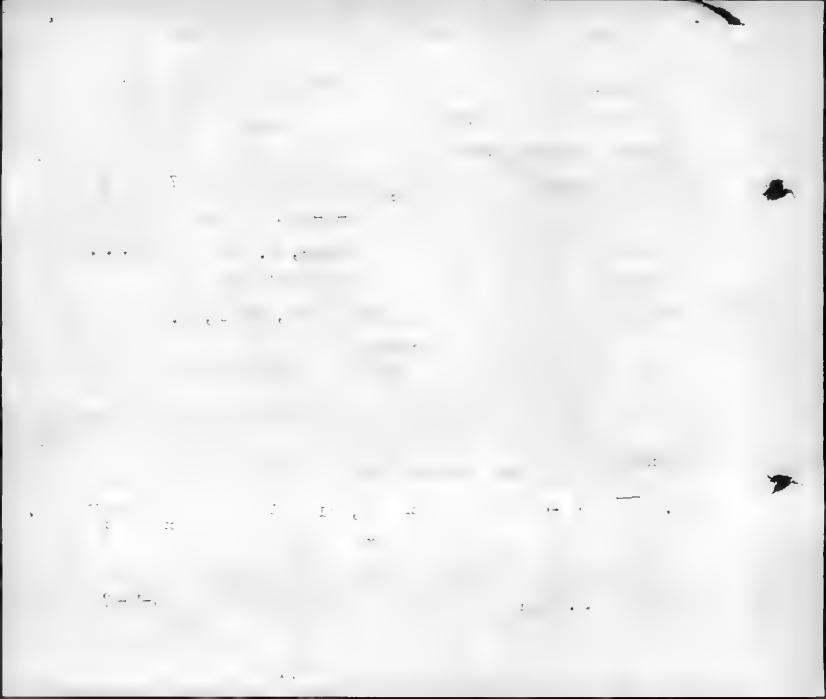
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()
7896 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No.

07887

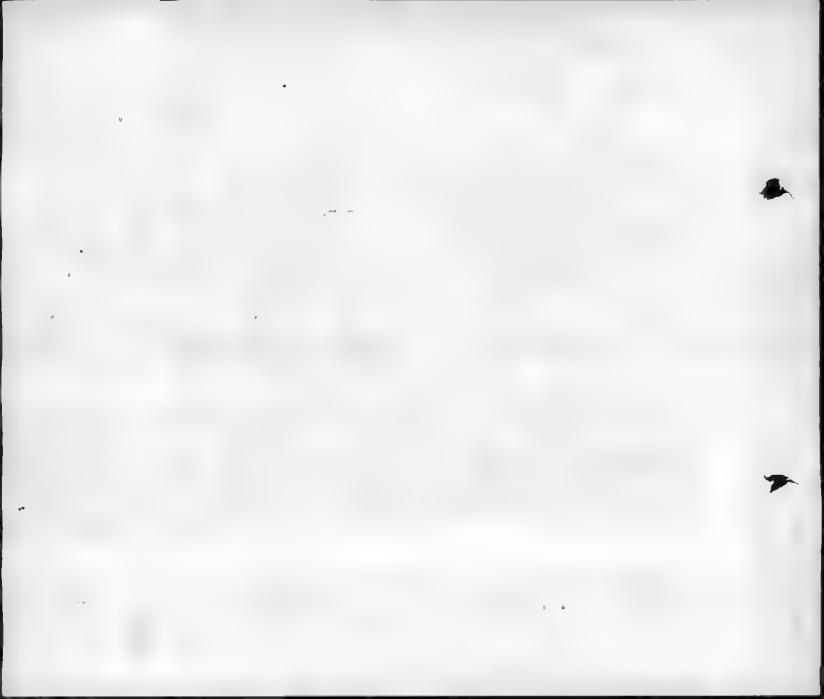
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AEDICAL EXAMINER: This certifier's should be exemiled within 2 Haurs offer Beath, 1 any detay is necessary please	Certificote, writing the voic pending in pending lifety is. Over roges 1, 2 and 3 are traverol articles. Toge 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIRECTOR: Page 3 should be used as a burial-transit permit. Eile pages 1 and 2 will he State Board of Health,	nated agent, priar to burial, cremation, or removal, and in first event, within 72 hours after death.	1	K

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VS.	A	15	МĒ	
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PLACE OF DEATH			2. USUAL RESIDENC	E (Where deceased live	d If instituti	an: Residence befo	ore odmission)	
a COUNTY	17	MARYLAND	O STATE	nd	b. COUNTY	Cent3		
b. CITY OR TOWN It outride corporate fimiles, write RURAL c. LENGTH OF STAY IN 1b and give reporate famile.				c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)				
Chesane at	CE City	visiting t in hospital, give street address)	d STREET ADDRE	arwick-			e s residence	
	& Delsware						YES NO	
NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year	
(Type or print)	Rayburn	Bishon	Perkins	OF DEATH	7	17	1958	
s. SEX		MARRIED NEVER MARRIED	DATE OF BIRTH	9 AG	Contraction of the contraction o		IF UNDER 24 HE	
M	C	DOWED DIVORCED	11-30- 19	-	6 yrs	Months Days	Hours Min	
On USUAL OCCUPATION during most of working	V (Give kind of work done life, even if retired)	106. KIND OF BUSINESS OR INDUST				12 CITIZEN OF	WHAT COUNT	
Student			Elleton	W4		U-S-A-		
3. FATHER'S NAME			14 MOTHER'S MAILE	NAME				
Reybur	n Perkins		Mary Ade	Raide Dyer				
	IN U. S ARMED FORCES		NFORMANT		Address			
7340			lary -Perkin	EWermel sile	NA.			
18 CAUSE OF DEATH	Enler only one cause p	er line far (a), (b), and (c)		as	製作や	INTERN	AND DEATH	
	I WAS CAUSED BY:	Drawaed				ONST	AND DEATH	
7 9 3	DUE TO	DZ W NJEC G					-	
Canditions, if an								
gave rise to immedi	ale couse							
(a), sloting the vi	(c)							
FART II, OTHE		ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVE	N IN PART 1(a) 19	. WAS AUTOPS	
PART II, OTHE						Y	PERFORMESI?	
200. EXTERNAL CAUS	E WAS 20b D	ESCRIBE HOW INJURY OCCURRED (I	inter nature of injury in	Part I at Part II of item	18)			
PRIMAR DE OF CON	KIBUTING LI	ent into deen a w	mtam					
3 20c. TIME OF INJURY	Month, Day, Year	ont into deep a w	CE OF INJURY (Home,	form, 120f. (City or law	n)	(County)	(State)	
Hour Torm	7 1719 58	While Not while fact	ary, street, affice bldg .	efc.)		0		
	at I took charge of	the remoins described obo	es Del Car			145 4001	Md.	
				" I branch" "		Inquiry ,		
opinion death i	esulted from: Not	ural couses []. Accident	Mi. Suicide [],	Hamicide,	Undeferi	mined monnei	r []	
ACTUAL	160 110	10/1/92	CHIEF MEDICA	L EXAMINER [7]			DATE SIGNED	
SIGNATURE	LAL 10	ti that	_ M.D.					
EXAMINER'S				DICAL EXAMINER		7-18-58		
NAME (Type)	R.C. Dedson	Inc. state of market	-	AL EXAMINER				
20. BUR AL CREMATION	7/20/50	22c. NAME OF CEMETERY OR		Bohemi			(Slote)	
Burial	SIGNATURE	Bohemia Aar						
23 FUNERAL DIRECTORS	The second		1		246 PEGIST	RAR'S SIGNATURE		
Decent !!	Je. 1-1-	_ Wilm.Del.	DATE	JUL 2 1 '58	W.	reduch		

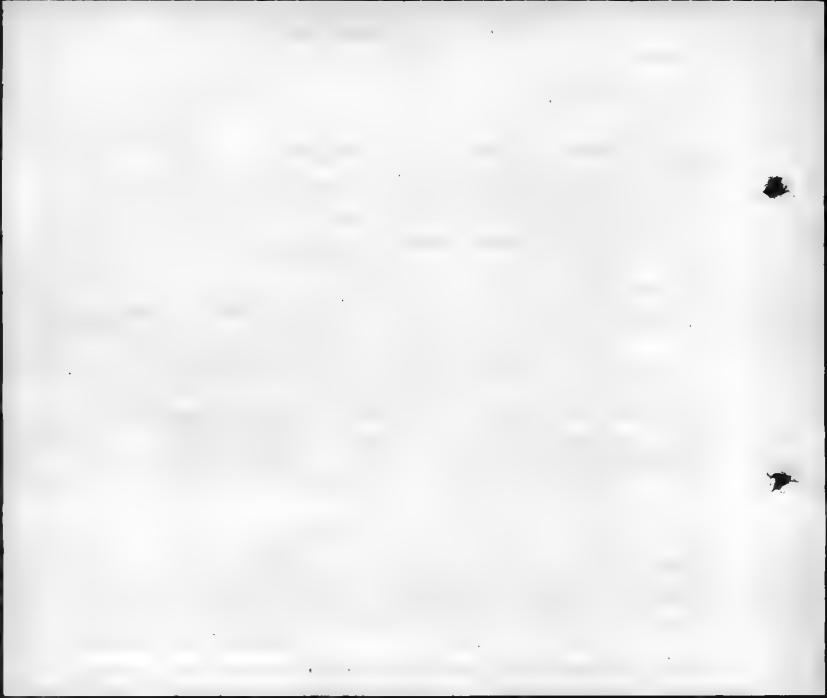


*1-1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07888
FOR STATE		7866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	7	Reg. Disl. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
# 0 4 0 4	1	Cecil MARYLAND Cecil
Ples Ples	-	b. CITY OR TOWN (It outside corporate limits, wite RURAL and a venerate town)
Frank M		and give nearest town
The state of the s	-	Elkton 30 minutes & Chesapeake City R.D.1 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS
65		ON A FARM?
oine oine soth	3.	NAME OF First Middle Last 14 DATE
1 10 C		DECEASED (Type or print) Raymond Bishop Perkins DEATH 7 14 19 58
\$ 2 m	5.	SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED [7] 8. DATE OF BIRTH 19. AGE DA VAGO. IF UNDER LYFAR IF LINDER 24 HSS
d 3 H		M C WIDOWED DIVORCED B 8-5-1898 log b (hodgy) yrs Months Days Hours Min.
2 h 2 h	10	D USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1. 2. d		Laborer Saw Mill Maryland U.S.A.
MAG. S. Off	13	FATHER'S NAME
Pod S S		WILLIAM F Perkins Emma Hood
表別を世界	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [If yes, give wor or doles of service]
a griffin		Mary Perkins, Chesapeake City, Md.
m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:
orte or the orte o		IMMEDIATE CAUSE (0) Hemmorrhage from Gun-shot wound of
frice from fovo		/ 5 / X DUE TO
a go lo a		Ganditions, if any, which gave rise to immediate cause (b) left thigh anterior surface
e e e e e e e e e e e e e e e e e e e	1	(a), stoting the underlying DUE TO
sho ami	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
sed sed	CENTFICATION	PERFORMED? YES NO The
dico of or	FF	
S ce	2	20% EXTERNAL CAUSE WAS FRIMARY IX or CONTRIBUTING II CAUSE OF DEATH. 20% DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Nem 18) Shot with shot gun
P P P	3	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State)
E De S Y	MEDICAL	Heer ZZZ 7 4 1958 While Not while Town Warwick Cecil Md.
A Page		21 t certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my
BR. L		opinion death as Ited from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
CTO Go		(12 0 ph d)
Did general		SIGNATURE DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED
Me Se		ASSISTANT MEDICAL EXAMINED
des des		NAME (Type) R.C. Dodson DEPUTY MEDICAL EXAMINER 7-5-58
Should be		BURIAL CREMATION, 1726 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State)
5 4 5 g		Bohemia Manor Cem. Bohemia Manor, Md.
VS A15ME L	23.	FUNERAL O RECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
5M 2 57 1 1	6	Date HU 8 '58 Que educate
	Y	





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7868 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY filed b. COUNTY ALABYI AND uneral h CITY OR TOWN III outside corporate limits write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town! RD# d. NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 5 within 24 hours NAME OF 4. DATE Month Yanne DECEASED OF (Type or print) 10 [6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years lost birthday) IF LINDER 1 YEAR IF UNDER 24 MPS MARRIED NEVER MARRIED Months WIDOWED IN n papers death. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Worker Paper puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENDER SON ELINDA 16. SOCIAL SECURITY NO. 17. INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? SAME 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which ? pove rise to immediate DUE TO casse (a), stating the under-TERIO SCLERUTIC CARNINVASCULAS DISEASE lying couse tost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 50 N YES T NO D 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PHYSICIAN: 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. m. While Not while at work at work o. m. 21. I certify that I attended the deceased from.... 19 that I lost sow the deceased ..., and that death occurred at 7.48P.M. from the couses and on the date stated above. **DATE SIGNED** ACTUAL DIRECT SIGNATURE 3 should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (Stole) Union Cemetery Union Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) MAPATE JUL 1 5 '58 1SM 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07892

40.40			Keg, U	ist. No.
1, PLACE OF DEATH		2. USUAL RESIDENCE (WH	ere deceased lived. If institution Resid	lence before odmission)
Cecil	MARYLAND	o. STATE Mary	Land 6. COUNTY Co	ecil
b. CITY OR TOWN It autide corporate limits, write EURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporale limits, write RURAL on	d give neorest town)
and give nearest town! E7.kton	2wwks	Elkton		
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d STREET ADDRESS		e IS RE 'DEN' E
Union Hospital		/ 100 Churc	ch St.	YES NO C
3. NAME OF First	Middle	Lost 4	DATE Month	Day Year
(Type or print) Charles		Rhoades	DEATH 7	37 19 58
5. SEX 6 COLOR OR RACE 7. MARRI	ED T NEVER MARRIED TE		9 AGE (In years IFUNDER	
M Widows		10-3-1883	lost buthday) Months	Days Hours Min
10a. USUAL OCCUPATION (G've kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stole of		IZEN OF WHAT COUNTRY?
	amber	Maryland	3	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		nemeste.
Frank Rhoades		Annie E.	Lusby	
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17 IN		Address	AT WILD
[Yes, no, or unknown] (if yes, give wor or dotas of service)	22-01-8629 E	mily Caldwe	ell. Elkton, Md.	_
18 CAUSE OF DEATH [Enter only one cause per line	tentant and determine the second			LINTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:		Esophagus	with metasis	ONSET AND DEATH
/50 X DUE TO		2501240845	MI OII ING GREETS	
00110				
Conditions, if ony, which by gave rise to immediate couse				-
(a), stating the underlying DUE TO				
couse lost. (c).	Water or the deleter than the or on			
PART II, OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	ot related to the termin	ALDISEASE CONDITION GIVEN IN PAR	PERFORMED?
5				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED (E	nter nature of injury in Part I	or Fort 11 of Hem 18)	4
20c. TIME OF INJURY Manih, Day, Year 20d. Hour a. m. p. m. 19 ol w	INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, ey, street, office bldg., etc.)	20f. (City or town) (Co	unly) (Stote)
p. m. 19 ol w	ork at work		1	
21. I certify that I took charge of the	remains described above	ve, held an Autopsy	, Inspection , Inqui	ry 🖟 and in my
opinion death resulted from: Natural	couses . Accident], Suicide [], Ho	omicide . Undetermined	manner 🗍
11/1/20	- //			Social
ACTUAL SIGNATURE	20119	CHIEF MEDICAL EXAL	MINER []	DATE SIGNED
	gain sam aller and alleren in	ASSISTANT MEDICAL	EXAMINER [
EXAMINER'S R.C. Dodson		DEPUTY MEDICAL EX	AMINER 🔲 🔀	3-1-58
220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 2	2d LOCATION (City, fown, or county)	(Stote)
***Burial 8-3-58	Bethel Cem.		Chesapeake Ci	tv. Nd.
23 FUNERAL DIRECTOR S SIGNATURE	ADDRESS	240 REC'D	BY REGISTRAR 246 REGISTRAR'S SIG	-4 3/
BIDPIN FUNERAL HOME Long	In The ELKT	N. M. d DATE	158 Olef come	4

TO DEPUTY MEDICAL EXAMINER: This certificate showld III. I within 21 hours after district the continuation of any selection is execute the certificate, writing the local "pending" in pendil in Stem 18. Give Pages 1, 2, and 3 locals functed should be farwarded to the C.A. Medical Examinary Office along with form PM3. Page 5 ma C. A should be used as a burial-transit permit. Fulle pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS AISME

5M 2:57



22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

HOSPITAL FUNER m poge 0 VS A15 (4) 15M 9/55

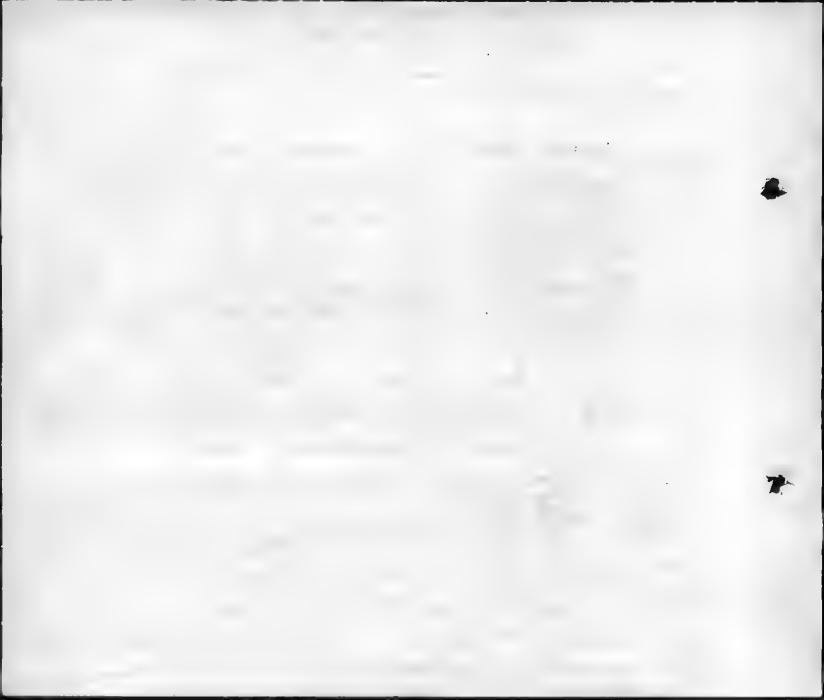
E

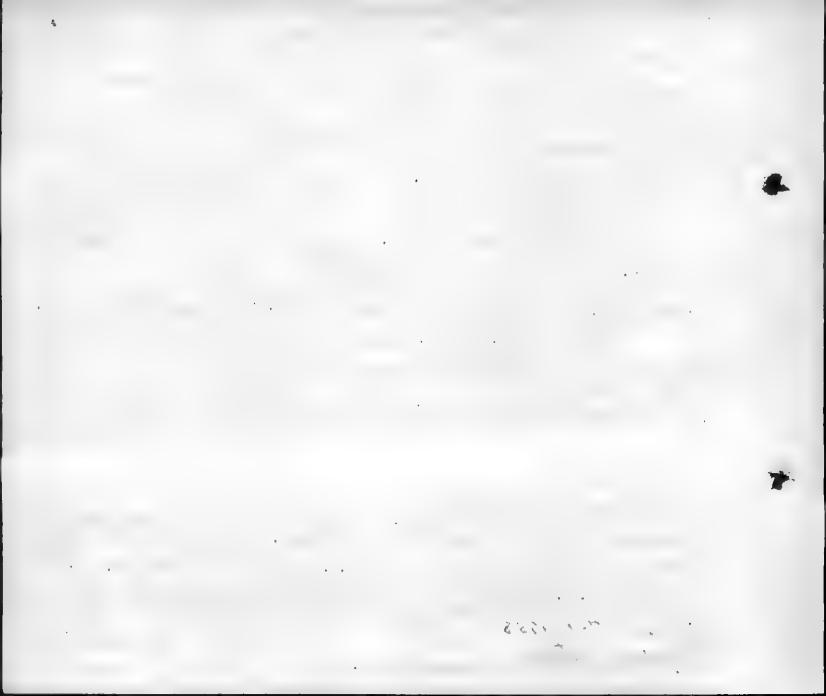
PHYSICIAN'S NAME (Type)

REMOVAL (Specify) RIAL

23-EUNEHAL DIRECTOR'S SIGNATURE

72a. BURIAL, CREMATION, 22b. DATE THEREOF





Ellicott City, Ed.

15M 10/57

JUL 1 5 '58



FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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						 - (# # C
7899	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	., .
(C)						Dist. No.

PLACE OF DEATH	PLACE OF DEATH G. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence belore admission)					
Coc	il		MA	RYLAND	d. STATE	vland	P. CORNI	Thoon Y		
b CITY OR TOWN (if o end give negres) fawn)	wiside corporate limits, with	e RUBAL	c. LENGTH OF STA	AY IN 15		N (If outside corpo	orate limits, write	RURAL and give	nearest town)	
Chesapeake	City		visiti	ng	W	arwick				
d. NAME OF HOSPITA	L OR INSTITUTION	If nat in hospi	ial, give street add	lress) .	d. STREET ADDRE	SS			# IS RESIDENCE	
Chesapeake	& Delawa	ce_Cens	J				7		YES NO	
3, NAME OF DECEASED	Fir	*\$9	Middle		Last	4. DATE OF	Mont	h Day	Yeor	
(Type or print) Bes	sie	Ar	272	Turn	em	DEATH	7	17	1958	
5. SEX	6 COLOR OR RACE		Tell .			. 1	P AGE (In years		IF UNDER 24 HRS	
F.	C:	WIDOWED		-	4-19-12		lost b rinday)	Months Doys	Haurs M.n.	
10a USUAL OCCUPATION during most of working	N (G ve kind of work life, even il retired)	done 10b KH	ND OF BUSINESS C	OR INDUST	RY 11 B-RTHPLACE (State or foreign co	untry)	12 CIT ZEN C	F WHAT COUNTRY	
Shuden	t	Sch	lool		Elkto	n. Md.		II-S	4.	
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
Harry P	ment on 6	himmer.			Elsie V	dalla Dan	maf -			
15. WAS DECEASED EVEN	IN U. S. ARMED FO	RCES? 16. 50	OCIAL SECURITY N	O. 17. W	FORMANT	iela Dar	Address			
[Yes, no, or unknown] [If yes, give war at dates of	service]		77.	D	<i>m</i>	_			
18. CAUSE OF DEATH	4. [Estas and ann ann	un nor line to	s (s) (b) and (c))		erry Prest	en Thirde	La Herm	- T		
1 1	WAS CAUSED BY:	yaa par mia io	(a), (b), and (c),]					QNS	RVAL BETWEEN ET AND DEATH	
0000	MMEDIATE CAUSE (6)		Dre	owned:						
1 707.0	DUE TO									
Conditions, if on		1								
gave rise to immedia (6), slating the un									-	
couse fast.	(c)									
Z PART II, OTHE			TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE	CONDITION OF	VEN IN PART I (avi	WAS ALITOPSY	
OH CHI	1	*******		_					PERFORMED?	
PART II, OTHE	E MARCE TOO	DECCOURE !	10.14 11.14 0.00						YES NOTE	
20g. EXTERNAL CAUS PRIMAR DE OF CONT CAUSE OF DEATH.	TRIBUTING [NO. DESCRIBE I	HOW INJURY OCC	.URRED. (EI	ter noture of injury in	Fart I or Fart II o	f item 18.)			
		went	into too	deep	of mater	in canal				
20c. TIME OF INJURY	Month, Day, Yes			20e. PLAC	E OF INJURY (Home,	form, 20f. (City e	or lown)	(County)	(State)	
Hour a.m.	7 717 12	KR of work	Not while	1	ry, street, affice bldg.				wa	
					c Del Cane		esacesic		ecil Md	
						' ' Limit'		Inquiry 🔂	, and in my	
opinion death <u>r</u>	esulted from:	Matural co	uses [], Aci	cident 5	d, Suicide 🔝	, Hamicide	Undete	rmined mann	er 🔲	
//	10010	1001	10-							
ACTUAL SIGNATURE L	with	va	NOV.	C.	M.D. CHIEF MEDICA	AL EXAMINER			DATE SIGNED	
					ASSISTANT ME	DICAL EXAMINER	П			
EXAMINER'S NAME (Type)	R _a C _a Ded	stem			DEPUTY MEDI	CAL EXAMINER		7-28-4	56	
220. BURIAL CREMATION		4.44	2c NAME OF CEM	FTERY OF			ON (City, town,	,		
REMOVAL (Specify)	7/27/59	2	Cecilto					aryland	(State)	
Burial 23 EUNERAL DIRECTOR'S	1/21/00	,	ADDRESS	Tr Ce						
TO A TO A			WDOKE22			REC'D BY REGISTRA	AR 246. REGI	STRAR'S SIGNATU	RE	
che da Bul	/ Wilm.	Del.			MAD	IUL 21 '58	July 8	reduch		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the Paradian Tending in pending in pending in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Completional Examiner's Office along with farm PM3. Page 5 may lettined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with State Baged at Health, at its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death. VS. A15ME 5M 2757

1 t the state of the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death? Page 4

O FUNERAL DIRECTOR: After this of loate has been signed by the attending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pother registrar prior to burial, cramation, ar removal, and in apprecent within 72 hours after death.

may be retained by the hospital or a
TO FUNERAL DIRECTOR: After this of

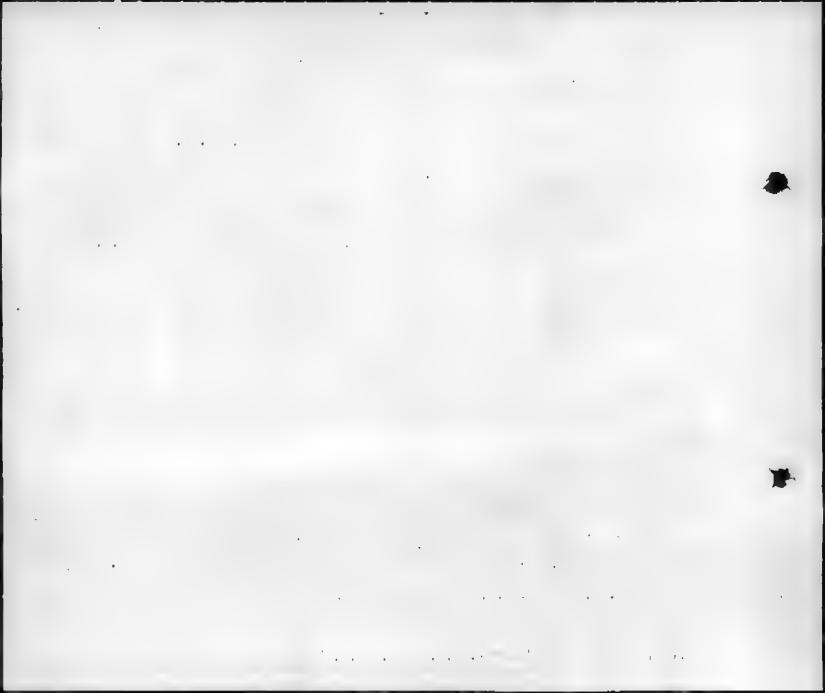
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7900 CERTIFICATE OF DEATH

07897 Reg. Dist. No.

j	PLACE OF DEATH					2 USUAL RESIDENCE	(Where decease			e before adm	SSIOP)
	a. COUNTY	Cecil		MARY	LAND	o. STATE	rict of	Columbi	Y 2		
	b. CITY OR TOWN	(If autside carparate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN				ive negrest to	wn)
	Perry Po			52 days		Washi	ington		477	- Teams	
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION			oddress)		d STREET ADDRESS	5				ESIDENCE A FARM?
	Veterans	Administra	tion	Hospital		1913 osec	dale St.	, N. E.			NO R
	3. NAME OF DECEASED	Charal da		Middle V		losi	4. DATE OF	Ju.	onth 7 ==	Day	Yeor -
	(Type or print)	Charlie				Tyler	DEATH			,	19 58
	5. SEX		7. MARR	HED NEVER MARRIE	_ ;	. DATE OF BIRTH		9. AGE (In year last birthday)		TYEAR IF UN	
	Hale	Negro	WIDOWI	-		8-6-92		65 yr		Days riour	3 PVIIII
	10a USUAL OCCUPATI during most of war	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	RY 11 BIRTHPLACE (S	tole or foreign c	country)	12. CITI	ZEN OF WH	AT COUNTRY?
	Animal c			er Reed Ar	ray H	osp. Virgi	inia		U.S	S.A.	
	13 FATHER'S NAME					14 MOTHER'S MAIDE	EN NAME				
	Anderson	Tvler				Ella Wel	Lls				
	15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT	<u>-</u>	Ac	dress		
	Yes	WW I		78 32 5612	Но	spital Reco	ords, VA	A Hospit	al, Pe	rry Po	int, ad
	18. CAUSE OF DE	ATH [Enter only one co	use per lir	ne for (o), (b), and (c)						INTERVAL	BETWEEN
PART! DEATH WAS CAUSED BY Bronchopneumonia, left lower lobe unrecolved								red	4-5 CEYS		
	151X	DUE TO								1	
Conditions, if ony, which by Abdominal carcinomatous Unknown								own			
								W 111			
cause (o), stoting the under- lying couse last. DUE TO Adenocarcinoma of stomach								Unknown			
			/				PAINAL DISEAS	E CONDITION G	IVENI INI PADT		
							PER	ORMED?			
	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of stem 18.)										
		G CAUSE OF DEATH									
	ZOc. TIME OF INJU	RY Month, Day, Yes	or 20d. IN	NJURY OCCURRED	20e PLA	CE OF INJURY (Home, I	form, 20f. (City	r ar town)	(C	ounly)	(State)
	20c. TIME OF INJUI	19	While of worl	Not while	toci	ory, street, office bldg.,	elc)				
		hat I attended the	deceas	ed from Laav	15	, 19.58_, to_	July 5	10 5	8 4-11		
	The state of the s			΄. Λ	ocam	00001100 0112.a.,		treet, city or laws			DATE SIGNED
	ACTUAL SIGNATURE 7	1mA	21	in M. U	٠.,	. VA Hosi	-	Perry Po			-5-58
	SIGNATURE	f fill in				V					
	PHYSICIAN'S NAME (Type) W	. M. HARRIS	, M.I	Acting	Dire	ctor, Profe	essional	LService	es		
	220. BURIAL CREMATIC	N. 276 DATE THEREO		22c NAME OF CEME				TION (City town		/5:	ole)
	PEMOYAL Specify	7/10/5	58			ional Cemer	1 .			,	0.41
	23 700 1	Lewast		ADDRESS		240 P	EC'D BY REGIST		GISTRAR'S SIG		
	La. T. Ste	wart 30	H Str	eet N.E. Wa	ash.,	D a		58 04	,	- 1	
								1. S. C. L. O. A.			



within 24 hours ofter death. Page

PHYSICIAN:

HOSPITAL

0

20653310XV5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. III . now as from a proper fittle to be 2 21 the registrar within 72 hours after death, in by the funeral director, the third sel

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07899

CERTIFICATE OF DEATH 7901

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Cecil MARYLAND	STATE Maryland COUNTY Cecil					
CITY (If outside corporate limits, write RURAL OR end pive nearest town) TOWN NORTH East OS VTS	CITY (If outside corporate limits, write RURAL and give nearest fown) OR TOWN North East					
HOSPITAL OR INSTITUTION OR STREET ADDRESS CECIL Ave.	STREET (If rural giva location) ADDRESS Cecil Ave					
3. NAME OF (First) (Middle) DECEASED (Type or Print) Susie Yeams	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 7 - 13 - 58					
RACE WIDOWED, DIVORCED,	e OF BIRTH 9. AGE last birthday 16,1871 9. AGE last birthday Wonlhs Deys Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refine OUSE WITE OWN HOME	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USaA					
Joel R. Ryan	14. MOTHER'S MAIDEN NAME Eliza Taylor					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, n] with.] [If Yas, give wer or dates of service)	Mrs Viola Devine, North East, Md.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
	il fluture selevosis 24x3.					
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. IC)						
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
196. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	2D, AUTOPSY7 YES NO X					
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not white et work	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July alive on 12 July 19.58, and that death occurred SIGNATURE MAD.	at 19.58, to 13.74, 19.58, that I last saw the deceased at 19.58, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNED 14.70/y					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF BUILD TO THE THEREOF NORTH East	or CREMATORY LOCATION (City, town, or county) (Siala)					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
DATE JUL 1 6 '58 COLL interests	lel a laterstal gerryville, Md.					